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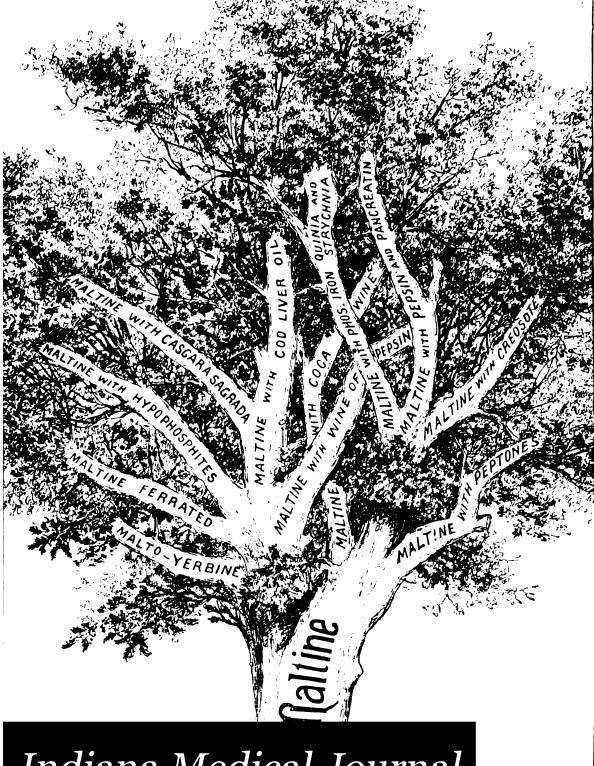
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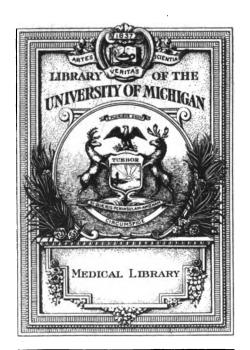
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# Indiana Medical Journal

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# Indiana Medical Journal

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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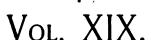
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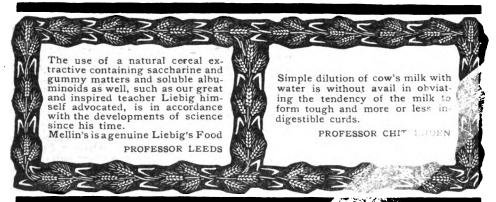
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# Indiana Medical Journal.

VOL. XIX.

INDIANAPOLIS, JULY, 1900.

No. 1.

# Addresses and Original Communications.

#### THE PRESIDENT'S ADDRESS.

Delivered at the Fifty-first Annual Meeting of the American Medical Association, held at Atlantic City, N. J., June 5, 6, 7, 8, 1900.

#### BY W. W. KEEN, M. D., LL. D., PHILADELPHIA.

Two duties seem to me to devolve on the president of the American Medical Association in his annual address: (1) To consider the condition of the Association, with any suggestions that may be made for improvement; and (2) to take up some subject of professional interest which may be properly considered before the chief representative medical body of the United States.

In pursuance of the former, it is a great pleasure to me to congratulate the Association on its marked prosperity. American Medical Association now numbers about 9,000 members. A large number, truly; but when we consider that there are over 100,000 regular physicians in the United States, it is strange and anomalous that this Association should comprise less than one in ten of these physicians. I call your attention to this important matter in order that every member of the Association during the coming year shall try at least to induce another fellow-physician to join the Association, and thus double its influence for good.

### THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

One of the most important functions of the Association is the publication of *The Journal*. Here, again, I have only words of encouragement. The number of subscribers to *The Journal* is about 15,000—a number, undoubtedly, in excess of that of any other medical journal in the United States, and I suspect only surpassed by

the British Medical Journal, which publishes over 21,000 copies weekly. But it is not only on the number of subscribers that the Association is to be congratulated, but especially on the quality of the papers published in The Journal. It is, however, not only idle words of vague praise that we should bestow on the trustees and the able editor of The Journal, but we should recognize that never before in the history of The Journal has it been so well conducted, its pages so filled with admirable original articles, and its influence for everything that makes for the best in medicine so potent as at present.

#### THE RUSH MONUMENT FUND.

Dr. Albert C. Gihon resigned at the last meeting as the chairman of the Rush Monument Committee. It seemed to me that his successor should be a physician rather than a surgeon, and from Dr. Rush's native city. Accordingly, I appointed Dr. James C. Wilson to the vacancy.

The committee report actually in hand a little over \$11,000. This sum is too large to go backward, and it is not enough to go forward. In the hands of various State organizations, and possibly others, there are several thousands of dollars. I believe, which have been pledged to this fund. I recommend that action be taken looking to the early completion of the fund. All the more is this suitable, when we remember that there will be erected in the city of Washington this year, or early next, a costly monument to Hahnemann, for which Congress has given a site.

#### THE ANTI-VIVISECTION BILL.

Early in the session of the present Congress there was introduced, into the Senate, bill No. 34. commonly called the "anti-vivisection bill." The immense detriment that this would work both to man and animals was so evident that I deemed

it my duty as your president to take the most active steps to prevent its becoming a law. 1 sent out letters to the president and secretary of every State medical society in the country, to prominent members of the profession in every State, to a large number of influential men in the profession all over the country, and to college presidents and others who could direct public opinion, and by all means in my power to arouse a public sentiment against the bill. I wish to bear public testimony to the enthusiasm and the unanimity with which my appeals were received. profession in every part of the country responded nobly and exercised a wide and, I believe, an enduring influence on Senators and Representatives in establishing and confirming their judgment against the inhumanity of any such bill.

In response to a communication addressed to the chairman of the Senate Committee on the District of Columbia, a hearing was granted in Washington before the sub-committee having charge of the bill, at which both the friends and the opponents of the measure were present and presented their arguments. Among those who spoke against the bill were Drs. William H. Welch, Henry P. Bowditch, H. A. Hare, William Osler, Mary Putnam Jacobi, George M. Kober, Howard A. Kelly, D. E. Salmon, Brigadier-General George M. Sternberg, Surgeon-General U. S. A., Bishop Lawrence of Massachusetts, and myself. Certainly a more able array of speakers could hardly have been obtained. and I wish in your name, and in the name of humanity, to thank them for their selfsacrificing help.

Although in two prior Congresses the Committee on the District of Columbia had unanimously reported in favor of the bill, I am happy to say to you that the present committee has so far changed its views that I have reason to believe that the bill will either slumber in committee or be reported negatively. While it is to be hoped that this is the end of the present bill, it is by no means certain that it is the end of the agitation of those who are so blind to the progress of medicine, and therefore to the dictates of humanity; but I have no doubt that the effort will be renewed at some future time. If this should take place. I commend to the then president of the American Medical Association

the duty of opposing the bill with all the vigor which he can use.

Among the important contributions to anti-vivisection literature evoked by this discussion, none is more valuable than the letter addressed to the chairman of the Committee on the District of Columbia, in opposition to the bill, by President Eliot, of Harvard College, which I venture to read to you:

# "Harvard University, "Cambridge, March 19, 1900.

"Dear Sir—I observe that a new bill on the subject of vivisection has been introduced into the Senate, bill No. 34. This bill is a slight improvement on its predecessor, but is still very objectionable. I beg leave to state very briefly the objection to all such legislation.

"1. To interfere with or retard the progress of medical discovery is an inhuman thing. Within fifteen years medical research has made rapid progress, almost exclusively through the use of the lower animals, and what such research has done for the diagnosis and treatment of diphtheria it can probably do in time for tuberculosis, crysipelas, cerebro-spinal meningitis and cancer, to name only four horrible scourges of mankind which are known to be of germ origin.

"2. The human race makes use of animals without the smallest compunction as articles of food and as laborers. It kills them, confines them, gelds them, and interferes in all manner of ways with their natural lives. The liberty we take with the animal creation in using utterly insignificant members of them for scientific researches is infinitesimal compared with the other liberties we take with animals, and it is that use of animals from which the human race has most to hope.

"3. The few medical investigators cannot properly be supervised or inspected or controlled by any of the ordinary processes of government supervision. Neither can they properly be licensed, because there is no competent supervising or licensing body. The government may properly license a plumber, because it can provide the proper examination boards for plumbers; it can properly license young men to practice medicine, because it can provide the proper examination for that profession, and these boards can testify to the fitness

of candidates; but the government cannot provide any board of officials competent to testify to the fitness of the medical investi-

gator.

"4. The advocates of anti-vivisection laws consider themselves more humane and merciful than the opponents of such To my thinking, these unthinking advocates are really cruel to their own How many cats or guinea-pigs would you or I sacrific to save the life of our child or to win a chance of saving the life of our child? The diphtheria antitoxin has already saved the lives of many thousands of human beings, yet it is produced through a moderate amount of inconvenience and suffering inflicted on horses and through the sacrifice of a moderate number of guinea-pigs. Who are the merciful people—the few physicians who superintend the making of the antitoxin and make sure of its quality, or the people who cry out against the infliction of any suffering on animals on behalf of mankind?

"It is, of course, possible to legislate against an improper use of vivisection. For instance, it should not be allowed in secondary schools or before college classes for purposes of demonstration only; but any attempt to interfere with the necessary processes of medical investigation is, in my judgment, in the highest degree inexpedient, and is fundamentally inhuman.

"Very truly yours, "C. W. Eliot.

"Hon. James McMillan."

Coming from such a high source, I cannot but feel that it will carry conviction, both by the force of its statements and the lucidity of its logic. I call your especial attention to the ground taken by President Eliot, that it is the anti-vivisectionists who are inhumane and cruel to the last degree, because they would condemn both man and animals to suffering and death by impeding the progress of medical science.

#### MEMBERS OF THE AMERICAN MEDICAL ASSOCIATION.

By its constitution, the members of the Association consist: (1) of delegates; (2) of members by invitation; (3) of permanent members; and (4) of members by application. I wish to call your attention to the desirability of limiting the members by invitation to foreign delegates, eminent foreigners whom the sections may desire to invite to read papers and take part in the discussion, to members of the medical staff of the United States Army, Navy and Marine Hospital Service, and to the occasional visiting physicians from our possessions outside of the limits of the United States proper. It has been the custom in most of the sections to invite medical men of distinction who are not members of the Association to read papers before the sections. Some of these gentlemen have been openly hostile to the Association, and yet year after year have had the courtesies of the Association extended to them. have availed themselves of these privileges and advantages, and yet, not only privately, but sometimes publicly, have expressed their hostility to the Association.

It seems to me that the time has now come when this practice should cease. Membership in the Association is open to every American, and anyone who does not choose to avail himself of the privileges and advantages of membership by joining the Association should be debarred from them.

During the present year I have sent a courteous circular letter to each person so invited by the various sections, but not a member of the Association, enclosing a form of application and inviting him to become a member of the Association. am glad to say that a very large number have availed themselves of the opportunity of doing so. The constitution prescribes that the members by invitation shall be invited by "the meeting after an introduction from and being vouched for by at least three of the members present or three of the absent permanent members;" and in the order of business, the third order is the "reception of members by invitation." No such formality, it seems to me, is de-The extending of such an invitation to distinguished foreigners and others that I have suggested may well be left in the hands of the sections, with the exception, it might be, occasionally, of persons of unusual distinction.

SECTION ON PATHOLOGY AND THE PATHO-LOGIC EXHIBIT.

One of the important features of the American Medical Association is to promote the scientific side of medicine. has seemed to me that the Association was

not fulfilling its duty to scientific medicine in one important particular. is scarcely a more important branch of modern medicine than pathology and bacteriology, and yet no section for the consideration of these subjects is provided. Although it was not authorized by the Association, I had such confidence in your intelligent and hearty co-operation that I ventured to ask a number of gentlemen to act as a provisional or unofficial committee to organize a Section of Pathology and Bacteriology, under the chairmanship of Dr. Indvig Hektoen, of Chicago. These gentlemen have ably performed their task, and they have presented a most attractive program. You will be asked to officially authorize the formation of such a section, and I cannot doubt what your action will be.

In connection with this, I also appointed a provisional or unofficial committee on pathologic exhibit in charge of a committee, of which Dr. Joseph Stokes, Moorestown, N. J., is the chairman. Dr. Frank B. Wynn, Indianapolis, Ind., has acted as secretary of both committees. I but ask you to visit the adjoining exhibit to be convinced how faithfully and intelligently this committee has performed its task. They communicated with a large number of medical schools, museums and individuals, and have met with a most hearty response from all sides. They did not deem it wise that the exhibit should be either by States or by institutions, lest there should be aroused a rivalry, which would in some sense smack of egotism and lead to future disaster; but asked all to subordinate their individual and institutional interests to the broad general interests of science.

#### THE ANNUAL EXHIBIT.

The management of the annual exhibit is matter of considerable importance to the Association. The exhibit is an important financial aid to the local committee which has charge of the meeting of the Association.

So far as I know, there are no rules governing the charges, the classes of exhibits, or regulations by which this committee may be guided. Each new committee is a law unto itself. It has seemed to me that if there could be a permanent committee on the annual exhibit, this would be of

great advantage, especially if the committee were made up, in part at least, of those who had had experience with former ex-It would seem to be desirable that each year the chairman or some other member of the committee on the last exhibit should be added to the committee to replace one of the earlier members, who would retire. I recommend, therefore, that such a committee, to have charge of the exhibit at the annual meeting, be appointed this year; this committee shall have power to add to its numbers and nominate a chairman, who shall reside in the place at which the succeeding meeting is to be held, and as many other local members of the committee as may be deemed The gennecessary to carry on the work. eral committee could formulaté general rules governing the exhibit, and the local committee could carry out the details.

#### THE SECTIONS.

The work of the sections has been heretofore in many respects admirably done. The tendency to correlate the papers which are presented under certain specific heads, and to select one or more important topics for consideration, inviting a few distinguished speakers to open the debate, which is thus thrown open to all, has been marked in the last few years. The advantages of such a course are so obvious that I trust the chairmen, secretaries and executive committees of the various sections will hereafter strive for even more important debates and more important results than have been thus far achieved. should certainly be reserved for a certain number of volunteer papers, but to allow the major part of the time of the sections to be taken up by a mass of heterogeneous papers on unrelated topics would be a great misfortune.

The policy of the Journal also in connection with the various papers read before the sections is an important one. Papers vary greatly in their merit and importance, and it would seem to me that to the trustees and the editor of The Journal should be confided the entire responsibility of selecting the more important papers for publication in full, and of presenting the less important in longer or shorter abstracts. The example of the British Medical Journal may well guide us in this matter.

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#### ENDOWMENT OF MEDICAL SCHOOLS.

Turning now from the affairs of the Association, I wish to say a few words in reference to a subject of paramount importance, which I am sure will appeal to the sympathies of all present, namely, the need for endowments for medical schools.

The tide of charity in the United States has reached a remarkable height. The Chicago Tribune publishes an annual list showing that in 1894 the charitable gifts and bequests in the United States amounted in round numbers to \$20,000,000; in 1895, to \$29,000,000; in 1896, to \$34,000,000; in 1897, to \$34,000,000; in 1898, to \$24,000,000; and in 1899, to the enormous sum of nearly \$80,000,000.

But a small portion of this charity, however, has been bestowed upon medical It is mostly to colleges, theological schools, hospitals, museums and libraries that the principal amount has been The cause for this, I think, has been chiefly the vicious method in which all our medical schools were formerly conducted. They were practically joint-stock companies, organized for the benefit of the faculties. As Professor Bowditch has said, one might as well expect the public to endow a cotton mill as to endow such a school. The day of these private enterprises is now, happily, nearly past. respectable schools of medicine are now conducted by trustees, a body of men wholly apart from the faculties, who manage the affairs of the medical school just as they would those of a university, taking centrol of the income and expenditures of the school, placing the professors and other teachers upon salaries, and conducting the affairs of the institution on broad lines of educational progress. Partly as a result of the influence of the profession exerted through the Association, the courses of study at the medical schools of to-day, and, therefore, the necessities of the student, are so wholly different from those of twenty-five years ago that it may be well termed a new era in medical education. As a consequence of the broadening and lengthening of the medical course of study, the cost of medical education has enormously increased. The public at large does not at all appreciate the changed condition, and even you, members of the profession itself who may have

graduated many years since, scarcely appreciate to its full value the difference. As a consequence, the fees of the students, which can scarcely be raised beyond the present amount, are wholly inadequate for providing a proper medical education, and the medical school appeals, as does the college and the theological and the technical school, for wise and liberal endowments in order to provide this suitable education. "There is no branch of education," says President Eliot, of Harvard, "which more needs endowment. Medical education is very expensive, because it has become, in the main, individual instruction. Large lectures and crowded clinics are seen to be of really very limited application, so that year by year the medical teaching becomes more and more costly."

What were the necessities of a medical school twenty-five years ago? Two lecture rooms, in which seven professors talked, a dissecting room, and, if possible, a clinic, which was occasionally, but rarely, in a college hospital. Practically, the instruction which the student obtained, with the exception of dissecting, was limited to "book knowledge" and "ear knowledge." The student was not brought into contact with any patients or any concrete facts, observations or experiments. He only listened to what his teachers said about them. Millions were given to hospitals in which the sick were treated, but only sixpences to medical schools in which the men who are to care for their future patients were trained. "Spain," says Lyman Abbott, "in the late war had nineteenth-century guns and sixteenth-century men behind them. We know what came. Our splendidly equipped hospitals are the nineteenth-century guns. Insufficiently trained doctors are the sixteenth-century The time has certainly come when the "men behind the guns" must equal in efficiency the weapons with which they do the fighting.

To perform a tracheotomy and rescue a child suffering from diphtheria is a dramatic occurrence which appeals to every one. To conduct a long series of experiments in the laboratory, by means of which the cause of diphtheria shall be found and the necessity for a tracheotomy avoided, appeals only to the educated few, yet the service done by the operation is a service only to the one patient who may be rescued

by the knife, while the other is a service to hundreds and thousands of patients who, for all time, will escape both the knife and the disease. Yet, such a series of experiments in preventive medicine brings no reward in money, a limited reward in fame, and only its largest reward in the consciousness of giving a great boon to humanity, for which it can never pay.

The era of the man who simply listened to what his teachers had to tell him and then went on his way, as a "rule of thumb" man, is happily past. This is the era of the trained man and the trained woman, and training means opportunity provided by the community, and time, labor and

money given by the man.

Let us look for a moment at what a medical school now needs. It stands for two things: 1. "Thing knowledge" instead of "book knowledge" and "ear knowledge," teaching the facts of modern science by scientific methods; that is to say, methods of precision. But 2, no medical school should be content simply with imparting the knowledge that exists. It should push back the boundaries of ignorance and by research add to existing knowledge.

In the accomplishment of the first duty of the medical school there are required, first didactic lectures. I am not one of those who believe that the day of the didactic lectures is past. "Never," said President Faunce, of Brown University, in his notable inaugural, "never shall we be able to do without the personality of the teacher, flaming with enthusiasm for knowledge, pressing up the heights himself and helping the student on."

In the 156 medical schools in this country there are perhaps over 1,500 members in their faculties. In all of them are inspiring teachers flaming with enthusiasm, for a not inconsiderable proportion may properly be so described, and the influence of such enthusiastic teachers is felt by the entire class. One or two such men in every school make a good faculty. Besides the didactic lectures, a good working library and a reading or study room is a requisite. And it is a matter of no little encouragement that, in the reports of the United States Commissioner of Education for 1898, 72 medical schools reported 151,-433 volumes in their libraries.

The great difference between the modern method of teaching medicine and the older method consists in laboratory instruction and clinical instruction, both of which must be individual. Laboratories are very costly. They require buildings, equipment and assistants. The number of laboratories required in the present day in a fully-equipped medical school is astonishing. First, the dissecting room the anatomical laboratory—and along with this a laboratory of histology, and another which may be combined with it—a laboratory of embryology. Next, a physiologic laboratory, in which each student will not become an accomplished physiologist, but will become familiar with physiologic methods and be trained in exact and careful observation; a laboratory of chemistry. and combined with it especially a laboratory of physiologic chemistry; in the department of materia medica a laboratory of pharmacy, where the student will not only become a good pharmacist, but will learn the essentials of pharmacy, so that he will not make, at least, gross mistakes, which otherwise would constantly occur. Still more important is a laboratory of pharmacology, in which he will learn the action of drugs, and be prepared rightly to use them. In obstetrics, a laboratory of practical obstetrics and obstetric operations is essential. In surgery, he needs a laboratory in which he shall be taught all the ordinary surgical operations. pathology, he needs a laboratory of morbid anatomy, a laboratory of bacteriology, of hygiene. The mere statement of this catalogue of thirteen laboratories will enforce the fact that an enormous expense, not only for the installation, but also for the running expenses, will be required. To show what one university abroad does. Professor Welch has stated that the Prussian government expends, outside of the salaries of professors in the University of Berlin alone, over \$50,000 annually. What American medical school can show anything approaching an endowment which will provide such a sum?

And what has not the laboratory done for us within the last few years. It has discovered the cause of tuberculosis, tetanus, suppuration, cholera, diphtheria, bubonic plague, typhoid fever, erysipelas, pneumonia, glanders, and a host of other diseases; it has shown us how to avoid all danger from trichina so that our entire commerce in hog-product is conditioned

upon the laboratory; it has shown us how to banish suppuration, erysipelas, tetanus and pyemia from our hospitals and reduce our death-rates after operation from 50 to 33 per cent., to 10 per cent., 5 per cent., 1 per cent., and often even fractions of 1 per cent.; it has given us a really scientific hygiene in which we no longer guess but know; it has shown us the role of the mosquito in malaria, of the rat in bubonic plague, of the fly in typhoid fever; it has given us the power to say to diphtheria "thus far shalt thou go and no farther;" it will give us the power to utter a pean of victory over typhoid, cholera, bubonic plague, tuberculosis, yellow fever, cancer, and other such implacable enemies of the human race—and vet there are those who would stay this God-given hand of help!

And the laboratory has had not only its devotees, but its heroes. Listen to the story of but one. Dr. Franz Muller, of Vienna, was one of those who in his investigations of the bubonic plague in 1897 contracted the dreaded disease from the bacilli in his culture tubes. When he be became certain that he was infected he immediately locked himself in an isolated room and posted a message on the window pane, reading thus: "I am suffering from Please do not send a doctor to me as, in any event, my end will come in four or five days." A number of his associates were anxious to attend him, but he refused to admit them and died alone, within the time he predicted. He wrote a farewell letter to his parents, placed it against the window, so it could be copied from the outside, and then burned the original with his own hands, fearful lest it might be preserved and carry the mysterious germ. Can you find me a finer example of selfsacrificing altruism? Was ever a Victoria Cross more bravely won?

But the establishment of laboratories, with their attendant expenses, is not the only improvement in our medical curriculum. Every well-conducted medical school requires a large hospital in connection with it. Here must be installed again a fourteenth laboratory of clinical medicine, in which all the excretions of the body will be examined, tumors studied cultures and blood-counts made, or else the patients in the hospital, from the modern point of view, are neglected. It is not too much to say that a patient requiring such

examinations, be he the poorest of the poor, has his case more scientifically studied, more exactly measured, more precisely treated than most rich patients in sumptuous homes.

Again, the individual instruction to which President Eliot referred is now carried out in all of our best medical school hospitals by the establishment of small ward classes, by whom or before whom the patients are examined, prescribed for and operated upon by the professor or instructor, each student bearing a part; and so, by having his investigations directed, his powers of observation cultivated, his mistakes pointed out, his merits applauded, the student graduates from the medical school equipped as none of us, alas, ever had the opportunity to be. All of these laboratory and ward classes imply an enormous increase in the number of assistants. young men striving not only to perfect themselves, but by teaching, to forge to the front so that the best men will win the struggle for preferment.

Again, the course of study has been prolonged from two years, as it was until twenty to twenty-five years ago, to four years, and in addition the terms have also been lengthened. When I was a student the course of study consisted of two sessions of about nineteen weeks each, or thirty-eight weeks in all. Now the course consists, as a rule, of four sessions of thirty-two weeks each, or a total of 128 weeks, an increase of ninety weeks-nearly three and one-half times as much as twenty-five years ago. In 1885, 103 schools had courses of two years, and five schools courses of three years. In 1899, two schools had courses of two years, ten of three years, and 141 of four years.

It can be easily seen that from this additional time required another source of expense has arisen besides the increased number of assistants. The time given to teaching by members of the faculty, as a rule, has been more than tripled, as compared with twenty-five years ago. In addition to this, professors in charge of laboratories must practically give their whole time to the work and are precluded, therefore, from any income from practice. These men must receive salaries sufficient for them to live on.

Surely this statement of the difference between the education given twenty-five years ago, which required but little expenditure of money and resulted in considerable incomes, and the modern methods of education in the laboratory and the hospital, as well as the lecture-room, which require enormous expenses, is an ample

reason for large endowments.

But the function of the medical school, as I have said, should not be limited merely to the imparting of existing knowl-No school is worthy of the name that does not provide for greater or less research work by which substantial additions to our knowledge may be made and the facilities and the results of the healing art made more efficient for the welfare of mankind. Twenty-five years ago there were practically few young men who were fitted for research work, especially laboratory work. Now every well-equipped school has attached to it, in one way or another, a score or more of young men who are eager for work, longing for the opportunities for usefulness and distinction if they can only obtain a bare living. When in my own school I look around me and see these young men thirsting for opportunities for usefulness and distinction, I am often heartsick at our want of facilities for this purpose, and I long with an intense longing for some wise and munificent friend of humanity who will endow post-graduate scholarships, fellowships and laboratories for just such an end. Our hospitals do a magnificent work in charity, helping the sick and the forlorn, the weak and the suffering in a way which appeals to the charitable instincts of our fellow countrymen, and to this appeal they have responded most generously. But I venture to say that the medical school which trained a Lister, a Pasteur, a Koch, has done more for humanity than all the hospitals of this country combined. modest laboratory at Wurtzburg, consisted chiefly of a Rumkorff coil and a Crook's tube—and Rontgen. Other Rontgens and Listers we have among us, if we but knew These are the men who are the world's real illustrious heroes.

It is especially in these days that in America we need such researches, for our tropical possessions have brought us face to face with new problems which we can only justly meet by the most careful investigations. It is to our credit that several of our medical colleges have al-

ready established schools of tropical medicine, which show that the profession as well as the public are rising to the level of our responsibilities and duties.

It is also a cheerful sign of the times that at Harvard a school of comparative medicine has been established, which will lead to other similar schools in connection with our medical colleges, for the broad study of diseases both in man and in the lower animals. All such knowledge should be correlated, and we may well learn from the diseases of animals how to care for man, as thus far we have learned chiefly from the diseases of man how to care for The endowment of this school animals. with the modest sum of \$100,000 is an omen of future good. So, too, the somewhat similar school at Buffalo bids fair to add immensely to our knowledge and

therefore to our ability to heal.

What now has the American public done for the medical school? Let us contrast it with the endowments in theology. academic institutions have such an enormous sum total of endowments that I do not even consider these. Let us, however, compare theology and medicine, remembering that theology is almost wholly a literary study, dealing not with the facts of Nature, requiring no laboratories and no large corps of assistants, and therefore conducted at a minimum of cost. eighty-four theological schools reported endowments of \$18,000,000, and seventyone schools do not report this item; nineteen out of 151 medical schools report endowments of \$1,906,072. Five theological schools have endowments of from \$850,-000 to \$1,369,000 each. Yet in 1899 there were only 8,000 students of theology for whom this enormous endowment was provided, as againt 24,000 students of medicine. Each theological student had the income of an endowment of \$2,250 provided for his aid; each medical student the income from \$83. As against 171 cndowed chairs of theology there are only five in medicine.

I do not grudge a dollar to the theologian, but I plead for his medical brother, that, with a vastly more expensive education, shall have a reasonable provision made for his training. I have already indicated to some extent the direction which these endowments of medical schools should take. They may be classed in three

categories: 1. The endowment of professorships. By doing this the salary of the professor would be made available for the other wants of the school. The endowment may well take the form of a memorial, either of the generous donor or, still better, of some distinguished former occupant of such chair, whose name would always add luster to it. 2. The endowment of the laboratories which, as I have indicated, are so costly, both in their installation and in their yearly expenses. **3**. The endowment of post-graduate scholarships and research fellowships, these being intended especially for those who will devote their time to original re-Students can not take much time for original research; their regular studies. will absorb all their energies. Research must be done chiefly by young graduates under the direction of stimulating and

energetic members of the faculty.

It is not, I trust, too much to hope, if not now, that in the near future the American Medical Association will set a fruitful example by giving each year "Scientific Grants in Aid of Research." The first object of the association must be, necessarily, to place itself on a strong financial basis. It should own its own building, its printing and publishing plant, and, as soon as possible, should have a reserve fund of considerable proportions. Nothing conduces to the stability and conservativeness of any institution like a good bank balance. The British Medical Association has to-day an excess of assets over liabilities of nearly \$380,000, chiefly invested in its building at 429 Strand, Lon-The American Medical Association has made a fair start with a surplus of over \$27,000 last January, and with its large, and, let us hope, rapidly increasing membership, it will before long assume a rank second only to the British Medical Association. Last year the Scientific Grants Committee allotted £741, or somewhat more than \$3,500, for research work, distributed to three research scholarships, the holders of which were paid \$750 each year, and thirty-three grants in aid of research work, varying in amounts from \$25 to \$100. Among those to whom grants were made occur the well-known names of Reevor, Vaughan, Harley, Kantback, Luff. Manson, Noel Payton, and Risien Russell. I should hope that the American Medical

Association might even now begin by a which should be allotted by the trustees, or by a special committee on scientific grants, after a careful investigation of the merits and the character of the person to No grant whom such grants were made. should exceed \$100, or possibly even at first \$50 in amount. The result of such modest appropriation, say of \$500 a year, grants would be not only absolute additions to our knowledge, but the cultivation of a scientific spirit which would permeate the whole profession and elevate its objects and aims.

In pleading for these endowments of medical schools it is but a plea for a return to the profession of a tithe of what they have given. Two years ago I carefully investigated the value of the services rendered to the poor in the city of Philadelphia by the medical staff of the Jefferson Medical College Hospital alone, and I found that 129 medical men were then attached to the hospital, and their services. calculated on a very moderate basis of the ordinary fees, I valued at over \$500,000. To a profession which gives so freely of that which is most difficult to give, its own life blood, surely the public for its own protection may give reasonable endowments to its medical schools. It will be returned to the community ten fold in better educated, better trained and more successful doctors. More devoted, self-sacrificing men and women they never can have.

#### THE TREATMENT OF DISEASES OF THE STOMACH.

(c) Elec.ricity. (d) Massage.

BY ALOTS B. GRAHAM, A. M., M. D., INDIANAPOLIS.

Since the time of Galvani, the effects of electricity on the human body have been very generally recognized. That it possesses powerful remedial properties there can be no doubt; but, like all remedial agencies, unless intelligently applied, it may produce more harm than good. Some physicians claim that it is one of the most valuable agents that we possess in the treatment of certain forms of gastric dis-But to be of any use, they hold it must be applied by an expert and never by the patient.

It is a mistaken idea that electricity will

cure disease however applied. Indeed, it requires very considerable practice and study to produce any good effects with it at all. As yet I am unable to confirm the brilliant results which some physicians claim they have obtained, by the use of electricity, in the treatment of diseases of the stomach. Whether this is due to the fact that I am not an expert and the electricity was not applied in an intelligent manner; or, whether my cases were not properly selected, I am unable to state. However, I have never in any case resorted to its use until all other available remedies had been employed and failed to produce any good result. Einhorn reports 118 patients treated with direct faradization of the stomach. Of these, seventynine were cured—all the subjective morbid symptoms having disappeared—thirty-two were greatly ameliorated, five slightly improved, and in two the conditions remained unchanged. In the treatment of these cases—many of them—electricity was not the sole remedy. In only thirtyeight cases was intra-gastric electricity alone used. Of these, twenty-seven patients were cured, six greatly improved, four slightly improved, and one unchanged.

The results of investigations, concerning the influence of electricity in gastric diseases, differ widely. The physiological experiments and clinical experiences are largely contradictory. The former, when conducted by physicians, are frequently inexact and misleading. Each physician has his own favorite methods of employing electricity. Some claim that it does not have any effect when applied in the treatment of gastric diseases. Others claim that it acts solely through suggestion. That it does not act at all may possibly be true when the remedy is used without selection, method or purpose. While, as previously stated, in the majority of cases. my results from the use of electricity have not been at all encouarging—vet I have not a few times convinced myself of the beneficial effects of intra-gastric faradiza-Patients have told me that they were decidedly benefited, losing ground as soon as the application of electricity was discontinued, so that I feel confident the results were due to something more than suggestion.

As to the effects of electricity on absorp-

tion and secretion there is still much doubt. Einhorn is of the opinion that the faradic current promotes secretion and the galvanic current impedes it. The writer has caused an increased secretion of gastric juice to take place by the application of the faradic current through the intragastric electrode. Again, after practicing lavage, I have frequently produced the sensation of hunger by the application of this current, and could demonstrate the presence of free hydrochloric acid in the stomach a few minutes later.

As to the effects of faradization upon the motor activity of the stomach, I have repeatedly demonstrated that a test breakfast or any of the various test meals will disappear much more rapidly from the stomach when the current is applied to the abdominal walls. In three cases, where the motor activity of the stomach was seriously impaired, the writer made a series of experiments. In each case, after lavage had been practiced thoroughly, a pint of warm water was introduced into the stom-The intra-gastric electrode was introduced and the faradic current applied for ten minutes. After the application of the electricity it was but few times that I was able to express or aspirate any water from the stomach. This would prove that faradization influences peristalsis and accelerates the emptying of the stomach.

Apparatus Required.—It has been said that a man cannot do efficient work without proper tools. But physicians differ very much in their ideas as to what should constitute proper tools for work. not enumerate and describe the amount of apparatus, which some eminent physicians consider necessary to carry out in a proper manner the methods employed in the treatment of gastric diseases. Suffice to say, the entire apparatus may be procured combined in a moderately portable case, and this is the best form for the general practitioner to possess, as he is thus enabled to use it if necessary on patients at their own homes as well as at his office.

There are two methods of carrying out the application of electricity in the treatment of disease of the stomach:—

First—By external electrodes. One large flat electrode is placed over the stomach, and the other upon some indifferent part; or, two smaller electrodes may both be placed at a couple of inches apart

upon the stomach region. The former is the best method and the one most frequently used. Each of the electrodes respectively is attached to one of the poles of the coil, or a given number of cells. It seems to be immaterial which pole is used.

Second-By an external and internal For the external one the large electrode. flat electrode is used. Einhorn has invented a capsule electrode which is to be swallowed, but the best intra-gastric electrode consists of a stomach tube through which runs a removable spiral conductor. This instrument can be kept clean and can be used to wash out the stomach, to introduce the water which serves as the intragastric electrode, and to remove the water after the sitting. The introduction of this electrode is a very simple matter, no more difficult, indeed, than the introducing a stomach tube.

Thus, in the treatment of gastric diseases, we apply electricity internally and The internal use is advisable externally. in one disease and one condition-myasthenia-when the patient is tomed to the swallowing of the tube. seems to be more powerful than the external, but how much of the additional benefit is due to the more vivid impressions and suggestions, it is very hard to estimate. The anode is introduced through the stomach tube into the interior of the stomach, a glass of salt water-6 per cent. -having been previously ingested. cathode is then stroked over the surface of the stomach.

As regards to the strength of the current that should be used, it may be said, that it is safe to use whatever can be borne without great discomfort to the patient. The strength of the galvanic current should hardly exceed two or three milliamperes, while the strength of the faradic current may be safely left to the sensations of the patient. It is best to begin with a very mild current, and this is to be increased gradually at each subsequent sitting. The slowness of the increase, as well as its steadiness, seem to be a factor in the success of the result sought. Shock, or even abrupt transitions in the strength of the current, seem to be prejudicial to success.

Indications for Electricity.—The available clinical evidence proves that the use of electricity gives really good results in

certain affections of the stomach. In cases of atony of the stomach wall, it restores tone to the muscular structures. cases, it is used with the same idea as in the ordinary paralysis of a limb. Both internal and external local faradization is the method to be adopted. If the atony is due to neurasthenia, the continuous current must be used in addition. In gastric neurasthenia, central galvanization is to be employed. If atony or anachlorhydria is associated with the neurasthenia, we can employ local faradization in addition. Sensory disorders can be successfully treated with direct galvanization. horn is enthusiastic over the good effects of galvanism on the course of gastric neuroses. He refers, particularly, to the sensory neuroses. Anorexia and nervous vomiting are special indications for electricity, in the form of the constant current, and the direct intra-gastric method is to be preferred to the per-cutaneous method.

Rockwell says:-"Electricity enables us not infrequently to diagnosticate between gastralgia dependent upon organic changes in the stomach, such as ulcer, beginning carcinoma, etc., and gastralgia in which the purely nervous affection is doubtful." In the selection of the current one must be governed by the special indications in each individual case, as both forms of electricity have given good results in treating gastralgia. In many cases, until actual trial is made, it is impossible to determine which form of current is best adapted to the case in hand. It is claimed that in those cases of gastralgia, where firm pressure over the seat of pain tends to relieve rather than to exaggerate the pain, the faradic current yields the best results. On the contrary, when the part is sensitive to pressure, pain being increased rather than relieved, the galvanic current proves most effective.

In simple atonic dilation—but not in those cases where the dilation is dependent upon a stenosis or pyloric obstruction—the preference is to be given to the direct faradic current. Unfortunately, dilation of the stomach is too frequently dependent upon diseases that are beyond the reach of either medical or surgical interference. But in dilations due to relaxation of the musculature, direct gastric faradization is to be recommended. Its application is simple. The anode is, as a rule, swal-

lowed and forms the intra-gastric pole. The cathode must be a large sponge, or a felt covered plate, which, after it is dipped in warm water, is placed for ten minutes over the epigastric region. It is then passed slowly up and down over the spinal column from the cervical to the sacral region. It restores the tonicity of the over-worked and exhausted gastric muscles and also gives tone and strength to the general system.

Contraindications.—First—It can only do harm in acute gastritis as it disturbs the organ, and experience has taught us that rest is imperatively demanded.

Second—During the actual period of digestion it should not be used, as the result of the combined action of the contents and of the remedy cannot be controlled. In myasthenia, near the end of the digestive period it may, however, be given.

Third—A recent gastric hemorrhage is a contraindication.

Fourth—In severe cases of myasthenia, electricity of a high density does no perceptible good. It acts in the same manner as an excitant diet would under the circumstances.

Herschell goes so far as to state that, in cases of gastric neurasthenia, if he were limited to one means of treatment, if he were compelled to choose between treatment by drugs, diet, or electricity, respectively, electricity is the agent he should select. He reports cases which have yielded readily to electricity after having resisted all other methods of treatment.

The conclusions of Goldschmidt give a very good idea of the present views as to the value of direct electrization of the stomach. They are as follows:—

First—Direct galvanization is an excellent means for combatting gastric neuroses; it is also serviceable in organic disorders.

Second—There is no marked difference between direct galvanization and faradization; and yet galvanization (anode in the stomach) is preferable in painful affections, faradization being better for functional disturbances.

Third—The actual way in which electricity acts is still obscure.

#### MASSAGE.

As an accessory means of improving the

general condition of the patient, massage occasionally proves useful in the treatment of diseases of the stomach. However, whenever it is possible, it ought only to be done by properly trained persons, and it cannot be properly performed except on the uncovered skin.

It may be used:

1. To empty the stomach when there is a stagnation of food depending on myasthenia, or atony, or upon a stenosis of moderate degree.

2. In cases of reduced secretion and

chronic gastritis.

3. To strengthen the abdominal muscles where gastroptosis or prolapse of the stomach is present.

4. To improve the abdominal circula-

tion

5. In certain cases of nervous inhibition of peristalsis.

The contraindications for massage are:—

1. Cancer and ulcer.

2. Hematemesis.

3. All acute inflammation in or around the stomach.

4. Excessive dilations, distension or contraction.

5. All cases of intra-gastric putrefaction.

By proper manipulation a dilated stomach, due to stenosis of the pylorus, may often be almost emptied into the duodenum by proper manipulation. Massage has proven useful in the treatment of constipation, neurasthenia and atony of the stomach. In constipation, especially, used in combination with faradization of the abdominal walls and special exercise to strengthen the abdominal muscles, it often gives brilliant results. In employing massage we must exercise caution and take care not to expel acrid and undigested masses of food into the duodenum or we may set up irritative diarrhoea.

[TO BE CONTINUED.]
Willoughby Building, 224 N. Meridian street.

# CURE OF MORPHINE AND ALCOHOL HABIT BY BROMIDES.

BY W. B. FLETCHER, M. D., INDIANAPOLIS.

Noticing a "Special" to The Indianapolis News of March 20th in relation to the death of Dr. W. N. Megee, resulting from an ounce of bromide of potash, and that

Rushville physicians say, "It was enough to kill a horse," I wish to say that I have for years used that drug in cases of morphia mania and in alcoholic mania brought on by suddenly quitting either, by one, two, and even three ounces of bromides given in from twenty-four to thirty-six hours; what an ounce might do to a horse, I leave for horse doctors to decide.

When a person suddenly quits a narcotic habit of long standing, acute mania and convulsions follow within from six to twenty-four hours; it is to avoid this that either bromide of sodium or potassium is used to paralyze the motor centers, and produce absolute mental rest. I have used the same treatment successfully in two cases of traumatic tetanus, and have no doubt it would do as well in hydrophobia. If the narcotic habit is of long standing, and large quantities used, say from one to two quarts of whisky (one-half to one pint of alcohol), or ten to twenty grains of morphine in the twenty-four hours, I give one ounce of bromide, followed by some of the habit dose; I may give one-half the amount of bromide the following day, and half the habit dose. It is rare that the patient does not go through the exhaustive stage, or comatose condition, in less than forty-eight hours. I have never known one not to rally, and have treated two cases for the morphine and one for the alcohol habit the first part of this week, and now, Saturday, they are up and about with no desire for the habit drug, but will require several weeks' nursing before they are able to resume business.

My treatment is not original, but was suggested by George M. Sweig, M. D. See "Cure of the Morphine Habit" in the New York Medical Journal for May, 1876, page 495. He evidently took his ideas from Levenstein's article on the same subject. Dr. Neal Macleod, in The British Medical Journal, April 27, 1899, finds "Three ounces of the bromide usually sufficient;" he says. "more, however, may be given to induce sleep, which may continue for five or six days and nights."

Of course, the bathing, the feeding, temperature and nursing must be looked to.
Macleod claims:—

- 1. "The total withdrawal of the habit narcotic in three days.
  - 2. No suffering.

- 3. The patient cannot deceive, nor use secret administration.
- 4. Any physician, with good attendants, can deal with the case at the home of the patient.
- 5. There is no risk for forming another drug habit."

He further says: "It is possible the treatment is not without risk. It is a question of choosing between the apparent and temporary risk of the bromide, and the more prolonged use of the morphine, or other drug."

218 North Alabama street.

#### ACUTE SENILE ENDOMETRITIS.\*

#### BY L. H. DUNNING, M. D., INDIANAPOLIS.

The author presents the clinical history and parthology of acute senile endometritis, which, he thinks, has not been duly recognized and adequately described. He gives a detailed history of two cases upon whom he did hysterectomies and presents the histological findings in each case.

The cases were in both instances in women, 63 years of age, in whom the menopause occurred many years previously. The clinical history, in its main features, was identical in both cases.

The women had been well until a short time (one and three months) previous to examination. There had been no uterine discharge. At the beginning, the discharge was described as thin and irritating. Shortly it became sanguinous and offensive. Pain appeared in the pelvic General lassitude and rapidly region. growing ill-health appeared. There was backache, bearing down pain and some vesical disturbance. The skin was dry This was marked in the case and sallow. of the longest duration. In this case the general appearance suggested cancer. The uterus in one case was in normal position, in the other retroverted. A diseased tube and ovary could be palpated in one.

The external os was patulous and the internal os permitted the easy passage of an uterine sound. There was senile vaginitis in both cases.

Hysterectomy was done in both cases. Both uterine cavities were distended by a

<sup>\*</sup>Abstract of paper read before the Section in Gynecology and Obstetrics at the Atlantic City Meeting of the American Medical Association, June 6, 1900.

foul smelling, sanguino-purulent fluid. A microscopical examination of both uteri was made, and findings reported. Microphotographs of sections were also presented.

The author presented the following

summary and conclusions:-

1. The lesion found in both uteri was an acute inflammatory process. It may be properly denominated acute semile endometritis.

2. The characteristic pathologic feat-

ures of the inflammation are:

(a) A thickened endometrium, the free surface of which is devoid of its epithelial layer.

(b) Increased vascularity with peculiar

arrangement of small blood vessels.

(c) Small round cell infiltration.

(d) Diminished glandular elements. While a few glands are to be distinctly seen in many of them their epithelium is desquamating and their lumen filled with granular debris. They may be said to be functionless glands.

(e) Degeneration of the coats of the arteries of the muscular layer of the organ. In one specimen (No. 11), this degenerative process is distinctly hyaline.

(f) In not one section examined from various parts of the organ could there be found any increase of connective tissue.

- 3. The mucosa of both the cervix and body are involved in the inflammation, but it is more marked in both cases in the body of the uterus.
- 4. The small round cell infiltration extends into the upper muscular tissue, though the inflammation is more marked in the mucosa.
- 5. In both cases one uterine appendage was diseased; in one the ovary being cystic; in the other, one ovary cystic and the fallopian tube inflammed. In this case there was slight recent peritoneal adhesions.
- 6. The microscopical appearances in these cases bears but slight resemblance to that found in cases of interstitial endometritis.
- 7. In one case the acute inflammation seems to have developed without any preceding chronic inflammation. In the other case the acute attack may have been an acute exacerbation of a chronic inflammation.
  - 8. In one case there was marked retro-

version of the uterus, in the other the uterus was in normal position, and in neither case was there marked stenosis of the internal os, yet there was a considerable accumulation of fluid within the uterine cavity.

9. The presence of diseased appendages in both cases and of pelvic peritonitis (mild) in one seem to indicate that the inflammation is prone to extend beyond the limits of the uterus and of such extension is demonstrable by combined examination an extirpation of the uterus and appendages is indicated.

#### THE PHYSICIAN.\*

BY 8. WEIR MITCHELL, M.D., LL.D., PHILADELPHIA.

The hunt is o'er; the stone-armed spears have won; Dead on the hillside lies the mastodon. Unmoved the warriors their wounded leave; The world is young and has not learned to grieve. But one, a gentler sharer of the fray, Waits in the twilight of the westering day, Where 'neath his gaze a cave-man, hairy, grim, Groans out the anguish of his mangled limb. Caught in the net of thought the watcher kneels, With tender doubt the tortured member feels, And, first of men a healing thought to know, He finds his hand can check the life-blood's flow.

What sense of pleasure won that helping hand You best can tell, you best can understand, Who, looking back across your busy years, Know what your hands have spared of pain and

First of your guild! Before me sit to-day
His latest offspring, while the Century gray,
Proud of your past, and of your future sure,
Knows that what else may perish you endure.
What need to tell your story? Brief the task.
You are the wondrous history you ask!
A living record! They who first in vain
Throbbed with a desire to ease a brother's pain
More largely live in you; and yours the joy,
The priceless happiness without alloy
Of him, the first, who saw his infant art
Bring back the life-blood to the failing heart.

Heirs of the ages! Heritors of thought
By Galen gathered or by Celsus taught,
Greek, Arab, Roman breathe in you to-day,
And the great captains of that long array,
Who through dark centuries led your slow advance
To the proud sun-burst of the Renaissance.
A splendid lineage! Who may hope to trace
The dateless legend of your ancient race?
Lo! through the mist of years I see them rise,
The great, the good, the witty and the wise.
The poet's laurel crowns your blazoned shield.
Sage, scholar, statesman reap your ample field.
Your names are many on the fearless roll
Of those who signed a nation's birthday scroll.

<sup>\*</sup>Read before the Congress of American Physicians and Surgeons, held at Washington, D. C., May 3, 1900.



Too oft your changeful story seems to show That when men knew they only seemed to know. They lived, they toiled, they joined the silent dead. On dusty shelves their books repose, unread. The scholar wandering o'er this vast domain Once rich with living thought, may think how vain Our work will seem to those who hither come To sum our gains when we, in turn, are dumb. Yet that which wins to-morrow's grateful praise Is the sure child of faltering yesterdays.

And countless hands must till the stubborn soil That one may reap the harvest of their toil. To know, alas! but feeds the crave to know; Upon our hands life's endless riddles grow, Until we learn that every hard-won hill But sets the far horizon farther still Yet, ah, how keen the mind-thrill of delight When some new sun illumes our lessening night, And problems, dark for many a weary year, Shine, simply answered—luminous and clear.

With conscience calm you see the century go, And know how much to you its glories owe. It saw grow safe beneath the surgeon's knife-Almost too safe—the sacred human life. It saw forever stilled the cry of pain. Which shall we dare to count the higher gain? Two older victories we gladly place In the proud annals of our English race; When some glad seraph gave to Jenner's ear The whispered spell that slew a giant fear, And, strangely killed despite his guard of lies, Touched with a needle's point the monster dies. When, too, as one amid some deepest night Sees the quick lightning fill the world with light, Our patient, modest Harvey saw revealed The wonder-secret life so long concealed. Who would not envy those who share alone With God the secrets only He had known: Who win the joy of soaring unconfined High o'er the levels of the common mind, Or, humble searching some well-trodden ground, Find the rare jewel no one else had found.

Such were the sires with whom your heart began, For you, who, thoughtful, that proud record scan, Know the true children of the mighty dead Are they alone who in their footsteps tread, And that a man's true ancestors are they Who, dying, left him all that genius may. You wield new arms, are 'neath new flags arrayed, Yet you are still what these our fathers made. What they have given it needs not me to find, Nor what high masters schooled the growing mind; Great was the sire who gave to you and these The stately oath of stern Hippocrates. The creed was old before the Christ was born To give it heavenly light and larger morn Of ampler meaning, when a white-robed man Taught—as those wonder years in sadness ran— Taught as he practiced our divinest art. Who heals the body best can heal the heart.

Your guild is old and no historic page Records its birth or dares to set its age. A score of codes the lawyer's learning needs; The priest is servant of an hundred creeds That sow dissention and that stir debate, And in their turn have fed the fires of hate: But you, o'er all the earth, in every land, Find the warm greeting of a brother hand. One creed is yours, and till all time has ceased Still you are doctor, and are somewhat priest. The colder man may vainly try to live Free from confession such as sorrows give; The priest hears part of life—you hear the whole, When fear or anguish racks the tortured soul. 'Tis we who know, and haply we alone, What grandsire's sin a life has overthrown,

What inborn taint has bred the fatal source That gave temptation such resistless force. How can we lack the charity that wins From God-like knowledge large excuse for sins? Not yours to pass upon the other side. Or giving part, to leave the rest denied. Our best have owned the rare dramatic power Which gives to sympathy its lifting hour; Go learn of them, the masters of our art, To trust that wise consultant called the heart. There are among those who haply please To think our business is to treat disease, And all unknowing lack this lesson still,
'Tis not the body but the man is ill.
God's ways are dark, and in their gloom we walk; Not ours to know why life's grim spectres stalk. We tread mysterious paths in touch with pain, Birth, death, disease, strange phantoms of the brain. Perplexed we recognize the doubtful hour When indecision paralyzes power. No intuition leads with certain hand-Tuition rather—and the sure command Of reason competent to read with ease The dim and half-seen signals of disease: So doth the poet question Nature's soul, And knowing part, infer the larger whole.

Would I might call these grave consultants here To trace the coming century year by year, To learn what crippled theories she flings On the dust-heap of forgotten things, What blazing head-lights shrink to tallow-dips, What well-known names must suffer time's eclipse. Yet hope shines ever in her maiden eyes. Her silent lips are treasures of surprise. What ghastly shapes her stately presence fly! What ancient plagues beneath her footfall die!

Fair heritress of every human hope Rich with the marvels of time's widening scope, However high may rise thy soaring wing, Whatever change thy fuller days may bring Our ancient lesson will be ever new; That priceless lesson will be ever true; Time did not teach it; time will change it not. This, this shall last, though all our lore's forgot, To give what none can measure, none can weigh, Simply go to where duty points the way; To face unquestioning the fever's breath The hundred shadows of the vale of death; To bear Christ's message through the battle's rage, The yellow plague, the leper's island cage, And with our noblest "well to understand The poor man's call as only God's command." Ay, under every century's changing sky Shall the Greek master's triple signal fly,-Faith, Honor, Duty,—Duty calmly done, That shouts no self-praise o'er a victory won; One bugle note our battle call, One single watchword, Duty.—That is all.

Where are your honors? Ribbons, titles, place, In other lands reward the winner's race.

But here, to-day, beneath our equal sun,
The simple guerdon of some victory won
Is but to hear your Ave: Hail! Well done!
Alas! not always even this is sure
For him who lessens that which men endure.
We are but mortal, and with blinded eyes,
May fail to see who surely won the prize,
Or see too late, as once we saw in vain
The fate of him who wrought the death of pain.
Guard well that memory, lest again we flout
Some hero victim with our torturing doubt.
How thanked we Morton? Ah! "No joy bells
rang,

No pseans greeted, and no poets sang.
No cannon thundered from a peaceful strand
That bloodless victory to a grateful land.
We took the gift, so humbly, simply given,
And, coldly doubting, left the rest to Heaven."

Swift pass the days. Our century slowly dies,—Quick beats her pulse and filmy are her eyes. Her flowing robes are red with countless wars, Her tender breasts are sad with many scars; Yet in her dying eyes prophetic glows Some sweet prediction of a world's repose. Lo, at her side the coming sister stands, And bends to hear, and folds those wasted hands. "What shall I bring which thou hast failed to find? What nobler hope have I to give mankind?" Hark! From the lips where life had seemed to

Comes the low murmur: "Thou shalt give them Peace."

#### MISCELLANY.

#### The Untraceable Poison.

When John H. Yocum was on the stand at the Adams inquest on Friday Mr. Osborne, the Assistant District Attorney, endeavored to bring out the fact that the person who mixed the poison could not have been a thorough chemist, or he would not have employed an agent which could be traced so easily as mercury.

This incident recalls a famous case in England many years ago, in which the strong point of the defense was to show that the accused, who was an expert chemist, would not have used a poison which could be so easily found after it had been taken into the human system. Sir Robert Christeson, professor in Edinburgh University, a famous expert on toxicology, whose works are still standard on that subject, was put on the stand to prove this point. When he declared that a chemist would certainly use some poison which would leave no trace, the Prosecuting Attorney asked him if he meant to say that there were such poisons.

Sir Robert replied in the affirmative. The prosecutor asked: "Name them!"

"No!" shouted the judge; "I forbid you to answer that question."

In spite of the protests of the prosecutor, the Judge would not allow the expert publicly to give the name of a poison which would leave no trace, and the question remained unanswered.

Now comes the curious part of the story. During the next two years Sir Robert received more than 4,000 letters from all parts of the world, asking, begging, offering to buy the name of the untraceable poison alluded to in his testimony. Many of these he kept as curisoities, showing them to his friends as evidence of the depravity of human nature. Some of the excuses for wanting the name of the poison were very ingenious. One man was writing a novel based on a poison plot, and wanted to make use of the untraceable He did not want to give the poison idea. name of the poison in his book, but just wanted to have it by him in case any scienticfic critic should deny the possibility of such poisons, when he could send him the name in a private letter, and quote the "distingrished authority" from whom it came, etc. Several persons professed to be studying chemistry, and asked for the information on the ground of professional courtesy. To all such Sir Robert would send the advice to pursue their studies and they would soon know as much about it as he did. Many offered large sums of money for the secret, usually pretending they had bet still larger amounts that they could find it out in a given time, and were willing to share their profits liberally with Sir Robert.

The thing which most impressed Sir Robert was the number of persons all over the world who seemed desirous of possessing the secret of an agent that would kill but leave no trace, and the mazing falsehoods to which they would subscribe their names in order to obtain the information.

—New York Sun.

# The Hahnemann Monument Dedicated at Washington.

The Hahnemann monument, dedicated in Washington, D. C., by the American Homeopathic Society, cost \$50,000 and stands on Scott Circle, by special act of Congress, which also appropriated \$4,000 for the bronze statue of Samuel

Hahnemann, founder of the present homeopathic school of medicine. Indiana physicians of that school contributed about \$1,000 to the fund and were represented at the exercises. The National Sculpture Society pronounces the new monument one of the most artistic in the national capital. The design by C. H. Niehaus, the eminent American sculptor, was selected from twenty-four models submitted by students of the American, French, German, Spanish and Italian schools of art.

The design of the monument is Grecian in spirit, showing a delicate play of light and shadow. The central portion is a pedestal, into which in a niche sits the statue. On the pedestal on which it rests is the Latin inscription, "Similia Similibus Curantur." From the central portion reach out graceful curving walls, whose base form a bench. In these are placed panels in bas-relief emblematic of Hahnemann's life and study. The monument is reached by four stone steps.

On the reverse side the decorative work is less elaborate. The central square is filled by a tablet that tersely tells the reason for the erection of the monument. It reads:

"Christian Friederich Samuel Hahnemann, Doctor in Medicine, Hofrath. Leader of the Great Medical Reformation of the Nineteenth Century. Founder of the Homeopathic School. Aude Sapere."

Below this is the inscription: "When life is at stake, ignorance is crime."

On each side of this are smaller plates in bas-relief, setting forth "Meissen, April 17, 1752," as the place and time of of Hahnemann's birth, and "Paris, July 2, 1843," as the place and time of his demise.

The decorative work is very elaborate, and there are many small inscriptions, setting forth advancement of homeopathy.

#### Medical Exhibit at the Paris Exposition.

The Assistant Publique, as it is called in Paris, i. e., the organization which sees to the care and sustenance of the sick and the poor, is the largest and most important body of its kind in the world. Its exhibit is in the Pavilion of the City of Paris, and is on the whole rather disappointing Among some rather dry material of the exhibit, is an old four-posted bed, in use at

the Hotel Dieu during the eighteenth century, which was sometimes used for four patients. Wax effigies represent the patients lying in bed, three of them being stretched out, and a fourth warming himself beside a brazier. The bed is covered with a species of canopy surrounded with red cloth curtains, and there is a green baize coverlet over the bed. On the other side of the room is shown the new style of iron bed, with iron and porcelain night-table, glass spittoon, and all the different modern articles in se in a hospital.

In the next room is the representation of the hole in the wall through which foundlings were passed into the Foundling's Hospital, or Hopital des Enfants This large opening was furnished with a cradle turning in a sort of large box. The woman who wished to abandon her child put it in the cradle, rang the bell, and the watchman inside the building made the box revolve on its pivot and took out the child. This is what was called in olden times a "tour," and was in use up to 1850. Since that time children are registered at a special office. Surgical instruments are also exhibited; some of which date from the time of Dupuytren .-Journal American Medical Association.

#### The Genial Physician.

Perhaps one of the most essential attributes that goes to make a successful practitioner is geniality. Not for one moment would we infer that this and this alone will make a man a success in his profession, but et cœteris paribus, the genial man will cure more patients than the one puffed up with his own pomposity and who thinks it infra dignatatis to unbend. The . physician of whom his patient can say "he is like a ray of sunshine coming into the room," will do that patient more good than another man who may have infinitely greater therapeutic knowledge, but lacks the geniality. The genial man is always tactful and tact is the keystone to success in every branch of business, the more especially ours. To make the patient look forward to your visit with anticipated pleasure is to put him or her in a position in which the treatment will avail most. Of course many men have been successful who sadly lacked this trait, such a one was Abernethy, but then what he lacked in this

he made up probably by his great animal magnetism. Yet his success would have probably been much greater had he had a little more "suaviter in modo" and less "fortiter in re." As his exact opposite may be mentioned Sir Andrew Clark, of whom it has been said that it mattered not how ill his patient was, a smile always came to his face on the approach of the doctor. Study as much as you please—the more the better—make yourself master of all the intricacies of your intricate profession, but with it all, remember that geniality will always aid your endeavors and cannot possibly retard them.

The writing of good, bad or indifferent prescriptions does not constitute the phy-

sician.-Westminster Lancet.

#### A Convert to Bacteriology.

Bacteriology occupies such a relation to surgery that no one can afford to be without a fair knowledge of it. If you believe as I do, that it explains and gives the key to processes constantly coming under the surgeon's attention, you cannot ignore it. I once esteemed it of no importance, as a -fad, etc., but I now think I was misled and I propose to lead you in a different direction and therefore urge upon you to give your serious attention to acquiring a thorough knowledge of it. Even if you think the current teachings erroneous or nonsensical and wish to oppose them, you need a knowledge of the matter, because no one has any respect for the opinion of a man in regard to a subject about which he is not informed.—Dr. E. M. Hagard, of Indianapolis, before the Physio-Medical College of Indiana. From the Indianapolis Polyclinic, November, 1899.

# Complimentaty to Indianapolis Medical Journals.

An editorial in the May number of the American Journal of Surgery and Gyneco-

logy says:

"Indiana must be the ideal field for medical journals. At the meeting of the Board of Trustees of the Indiana Medical Journal for 1899 the report of the business manager showed all bills for 1899 paid and with no old debts. The Journal is to be congratulated upon this remarkable showing, as well as in the retention of

Dr. A. W. Brayton as editor and Dr. George J. Cook as business manager, as under their management the *Indiana Medical Journal* has become one of the most interesting medical publications of America. The Medical and Surgical Monitor, of Indianapolis, too bears every evidence of prosperity, and under the editorship of Dr. Samuel E. Earp is rapidly becoming a formidable, though friendly, competitor of its older neighbor. Both deserve all the success achieved, and more."

#### Treatment of Scabies.

Dr. S. Sherwell, of Brooklyn, N. Y., who is good authority in dermatology, writes thus of the treatment of scabies. We quote from Journal of Culaneous and Venereal Diseases: "Now for my own method: we will presume as this disease is almost of necessity found in groups, and the family is the typical one. We will suppose the ordinary family of fivefather, mother, and three children. eldest, a boy of ten or twelve, who has acquired the disease from some playfellow, and who sleeps with another child, the remaining one being a mere infant. It is almost an inevitable consequence in a poor family that all of these individuals should have the trouble in some grade. We will then direct them all to take a bath the same evening, for the adults and the elder children, a little sand soap (sapolio) may he lightly used over the tougher portions, the ones usually most affected of body, of course not on the infant. The body and limbs may then be rubbed lightly with a little sulphur lotum, a half teaspoonful is an excess for each individual, no excess of The bed linen friction is required at all. and underclothing of all kinds should be changed, and between the sheets, or the coverings that come next the person in bed, a small train or a few spots of sulphur should be placed in each bed, say a half teaspoonful, one of the sheets lifted, a slight blow given, which causes enough disturbance of the air, so that the powder is disseminated over the whole internal sur-By repeating the powdering of the face. bed, say perhaps every other or every third night, by bathing and changing clothes in about the same way and at about same interval for a week, the cure is effected in ordinary cases. Naturally an exaggerated case will take longer, as we know that the rova in the cuniculi take a longer time than that for development. The male acarus, as we know, is not a burrower; by the time the female has pro-ruptured into the external world from below the epiderm, he is either dead, or certainly functionless, for certainly few cases or case groups last over the ninth day under this treatment."—

Pacific Medical Journal.

#### Mortality Statistics for May.

The total number of deaths in Indiana in May was 2,558, which is 423 less than The annual rate for May is 11.4 and that for April 13.7. The deaths from preventable diseases were as follows: Tuberculosis, 353; typhoid fever, 38; diphtheria, 12; scarlet fever, 11; measles, 27; whooping cough, 27; pneumonia, 224; diarrheal diseases, 30; cerebro-spinal meningitis, 71: influenza, 34; puerperal fever, 16. It is to be noticed that measles destroyed more persons than scarlet fever and diphtheria combined. The same remark applies to whooping cough. cancer deaths (105) is an increase over .'April deaths, from the same cause, of 24. The two smallpox deaths were in Clay and Blackford counties. One was a man 48 years old, the other a man of 55 years.

We had hoped to be able to state in May Bulletin that smallpox had disappeared from the State. But it is with regret we have to announce two deaths from the dis-

ease and eighty-eight cases.

Wherever smallpox appears there are found doctors who deny its existence and ridicule the correct diagnois. There are also frequently found newspapers and citizens who confidently deny that it exists. Exactly how all of these persons know without seeing the cases, and without being skilled in the diagnoisis of variola, we will leave the reader to conjecture. again wish to say that quarantine can only be depended upon to prevent the spread of smallpox from the quarantined cases, but the infection is now so widespread that it is quite certain the epidemic will not abate until the unvaccinated and the unattacked are affected. It is most strange, but even practitioners (we will not say scientific physicians), are found who oppose vaccination. The opponents of the demonstrated fact that the world moves are now reduced to one.—Monthly Bulletin Indiana State Board of Health.

## Conference of State and Provincial Boards of Health.

The fifteenth annual meeting of the above conference was held at Atlantic City, N. J., June 1st and 2d. Thirty-two States were represented. The association was welcomed by the Mayor, and response made by Dr. Probst, of Ohio, vice-president. President Wingate, of Wisconsin, The program included a sympresided. posium on school hygiene. Almost every phase of the subject was discussed. symposium was opened by a paper on school house construction, by Mr. J. H. Cook, architect of the Philadelphia school board. This paper was most comprehensive and complete, and the State Board regrets it has not the money with which to publish and distribute it in Indiana.

The St. Louis method of formaldehyde disinfection was illustrated and explained. This method consists in diluting the formaldehyde with three or four times its bulk of water, and by the heat of a wood alcohol lamp vaporizing the mixture in the room to be disinfected. Boiling water is also present in a second kettle. Ten ounces of formaldehyde were recommended for each 1,000 cubic feet of space. The experiments with this method proved that diphtheria bacilli were always killed.

The officers elected for next year were: President, Dr. Charles O. Probst, Ohio; Secretary, Dr. G. T. Swarts, Rhode Island; Treasurer, Dr. J. A. Egan, Illinois. The 1901 meeting will be held two days prior to the meeting of the American Public Health Association wherever it may decide to go.

#### A Pessary Retained for Forty Years.

A correspondent writes as follows to the Boston Medical and Surgical Journal:

PLEASANT VALLEY, N. Y., February 2, 1899.—Mr. Editor: At the January, 1899, meeting of the Medical Society of the County of ——, Dr. ——, a member of the society, exhibited a peculiar pessary, with a history. It was a smooth, hollow sphere of wood, but, like the earth,

"a little flattened at the poles." Its lateral circumference was 6½ inches; its vertical, 7½ inches, and its weight 482 grains. It was of one piece of wood, with a cover one inch across. This cover was tongued and grooved on its border, to screw into a corresponding groove and tongue on the border of the opening in the sphere itself. This cover had five perforations, each about one line across and arranged like this \*\* \* \*\* The surface opposite to this had also five similar perforations. The whole instrument looked like a globular pepper-box. The history is as follows:

It was removed by the doctor presenting it, in November, 1898, from the vagina of a woman more than seventy years old. For some years she had had an offensive discharge, growing worse, until she had become a nuisance to herself and her friends.

This pessary was first applied by a distinguished surgeon, who died in 1863, but who removed from this vicinity in 1858, and did not practice here after this latter date, consequently it had been certainly worn forty years, and perhaps longer. Once only during this long period had it been removed, but was at once replaced. Some years after its application she married, and lived happily with her husband for nearly a quarter of a century. died without posterity. The cause of his death was not stated. This incident shows how absolutely necessary is the early removal of an irritating pessary. Had this one remained in its habitat another forty years a serious, perhaps fatal, sepsis might have developed.—St. Louis Medical and Surgical Journal.

[The late Dr. Thomas B. Harvey, of Indianapolis, removed a pessary from a woman which she had worn for twenty years without inconvenience. It was made by her husband from a pine shingle and applied by him.—ED.]

THE teachers of the New York School of Clinical Medicine determined June 21st to close the school permanently, giving as their reason interference of the Lay Board of Trustees in its affairs. Drs. Marx. L. Collver, Leszynsky, Gottheil, Weiss, Dessau. Fischer and Kenyon were among the teachers, and have signed this announcement.

#### In Lighter Vein.

CEREBRAL COMPLICATIONS IN RELATION TO MIDDLE-EAR DISEASE.

M., in speaking of the ease in which the pyogenic organisms will invade the intracranial cavity from the tympanic, says it reminds one of the words which Shakespeare puts into the mouth of Richard II.: For within the hollow crown That rounds the mortal temples of a king,

That rounds the mortal temples of a king, Keeps Death his court and there the antic sits; And humored thus,

Comes at the last, and with a little pin Bores through his castle wall, and farewell, King!

-Macewen, British Medical Journal.

#### NOT NATURAL.

Examining Physician Premium Life Insurance Company—"Did your father die a natural death?"

Applicant for Policy—"Nope; we had three doctors."—Puck.

#### THE CATHODIC RAYS.

Now the timid, doubting suitor, By Professor Roentgen's art May, before he speaks, discover, If she has a marble heart.

—Indianapolis Journal.

#### TO HIS DELINQUENT PATIENT.

If I should die to-night—
And you should come to my cold corpse and say,
Weeping and heartsick, o'er my lifeless clay;
If I should die to-night—

And you should come in deepest grief and woe, And say, "Here's that \$10 that I owe," I might arise in my great white cravat And say, "What's that?"

If I should die to-night—
And you should come beside my corpse and kneel
Chasping my bier to show the grief you feel;
I say, If I should die to-night—
And you should come to me, and there and then

And you should come to me, and there and then Just even hint bout paying me that ten, I might arise awhile—but I'd drop dead again.

-Gross Medical College Bulletin-

As the world advances old landmarks and aphorisms give way. Thus the ancient proverb has it, says the Western Druggist, "You can't get more out of a bottle than you put in it." That's an error. Besides what he puts in he can get a headache, a sick stomach, and perhaps ten days in the lock-up.



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Short practical articles, reports of society meetings, and medical news solicited.

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# The Late Dr. James T. Whittaker—By "One Who Knew Him."

The medical profession of Indiana, in common with the profession of the Mississippi Valley and, indeed, of the whole country, has met a real loss and will feel a real grief in the death of Dr. James T. Whittaker, of Cincinnati. At least twice, in recent years, he had laid the Indiana profession under special obligation by responding to invitations to deliver public addresses.

In 1896, at a special meeting of the Marion County Medical Society, held in the County Court House, he spoke for an hour, without notes, upon apoplexy. It was a classical address, perhaps it might better be called an oration, which left an impression never to be forgotten by those who heard it.

In May, 1898, he delivered before the State Medical Society, and citizens of Lafayette, the memorable address upon "Climatotherapy in I'hthisis." Whatever else occurred, or might have occurred at the Lafayette meeting, Dr. Whittaker's part was sufficient to make the gathering historic. The audience, lay and professional, sat silent, entranced, carried out of

themselves and away to all the climes of all the earth, to the shining sea, the lowering mountain and the arid plain, by the strong array of facts, the force of logic, and the sparkle of his fluent diction. The words fairly flew from his lips to the despair of the reporter, and the delight of the eager audience. At a dinner, the next day, the late lamented President Smart, of Purdue University, said to the writer: "I am not a physician and no pathologist, but I think I know enough to know that that was a great address. If in no other way, I would know it by the faces of the physicians who sat listening to it." priately enough, for thoracology was his specialty if he could be said to have one. This was one of the last, if not the last of Dr. Whittaker's great public addresses; and so he won us, and he was ours and we were his, and so with all good doctors we mourn his loss.

As a practitioner, teacher, author and public speaker, Dr. Whittaker won far more than local renown. His name and fame and influence were known and felt, not only in the Ohio Valley, but throughout the country. In addition to a large number of papers and addresses published in the periodical medical literature of his day, he wrote many of the articles in Wood's Reference Hand-book of the Medical Sciences, Pepper's System of Medicine, Pepper's Text-Book of Theory and Practice by American Teachers, and a few years ago published a text-book upon "Practice," which is highly esteemed as a standard, and which is recognized as having some features of peculiar value.

Dr. Whittaker was born at Cincinnati in 1843, and graduated at the then famed Miami University, Oxford, Ohio. Beginning the study of medicine at the Ohio Medical College, his education was broken into, like that of many other young men, by service in the army At the beginning of the war he enlisted as a private, but after three months of service returned to the Ohio Medical College. Responding to the second call to arms, he entered the medical service and became an assistant surgeon in the United States Navy. After the close of the war he resumed his medical studies, now at the University of Pennsylvania, where he graduated in 1866. Returning to Cincinnati, he received a diploma from the Ohio Medical

lege, served a year as interne in the Cincinnati Hospital; went to Germany for post-graduate study, and, coming back to Cincinnati, was appointed to the chair of physiology in his Alma Mater. Soon afterward he published a small book of lectures on "Physiology," and became editor of the Clinic. Upon the departure of Dr. Bartholow for Jefferson College, Philadelphia, Dr. Whittaker became his successor in the chair of theory and practice in the Ohio Medical College, now the medical department of the Cincinnati University.

Here, for twenty years, he delivered to a generation of students, and to their delight and inspiration, his lectures upon the practice of medicine; and for a somewhat longer period he drew students and practitioners to the clinics of the Good Samaritan Hospital to learn how to treat the sick.

A few weeks after the publication, by Koch, of his discovery of the tubercle bacillus, Dr. Whittaker hastened to Germany to partake at its fountain head of the new knowledge. He saw and realized, as a student of pathology and clinical medicine, what it meant, and might mean. Thus he became one of the first of Koch's American pupils. Returning, he addressed the Philadelphia Academy of Medicine upon the new discovery, and at Cincinnati began for himself and beto teach others its diagnosis. With his thorough knowledge of historical medicine he saw at once that henceforth the tubercle bacillus would stand in the center of the whole field. And so he taught: "In the center of the whole field of tuberculosis stands now, and will stand the tubercle bacillus" Tolle Cansam!

Dr. Whittaker was an untiring worker. As a school boy, a college student at Miami, a student of medicine, a competitor for literary honors, he stood high because he was bright and burned the midnight oil. "Keep clean hands and busy hands" was the advice he gave to our class at the last The unclean hand soon ceased to be sensitive, and the idle hand soon loses its suppleness; and so of the mind. was what he meant, and what he taught by his own example. He was not a plodder; his mind was too bright, his perceptions too keen for that. His head was too often in the clouds, he too often foresaw the fulfillment of ideals, foretasted

the sweets of the optimist, and too often inspired himself and others with the call, Eureka, to be a mere plodder. But still he worked, smoothly, systematically, enthusiastically, his feet on the ground, though with eyes toward the sky. And thus, by ceaseless labor, his knowledge in medicine, general science and literature, became almost encyclopedic, and his sympathies almost as broad as his knowledge.

He was an optimist always, never doubting the good will prevail and knowledge grow, and men be better and happier for it. "The time will come," he said in the early days of bacteriology, "when these discoveries will result in the abolition of much of infection." Typhoid and diphtheria and cholera and yellow-fever, and even tuberculosis, will be shorn of their strength; for knowledge is power, the way is open and we shall march on to overcome them. This was his hopeful, confident prediction to us, and we wondered whether he were not too optimistic. But the prophet has lived to see the warrant of ful-

fillment of his prophecy.

Dr. Whittaker was an idealist, but never a mere visionary. To me this stands out as his most characteristic quality. loved to see imperfect things not as they were, but as they ought to be, and might be if men would do what they should and could to make them so. His didactic lectures upon tuberculosis and typhoid fever were classics. He often declared the latter to be the comprehensive type of the infectious diseases, the summary of their pathology, diagnosis and clinical history, and that he who really knew typhoid fever was thereby a well-trained practitioner. Of tuberculosis how elegantly and enthusiastically he discoursed; of its history and the great names associated therewith; of the gradual differentiation of it from other diseases; of the evolution of knowledge of its pathology and causation and diagnosis: of the ideal treatment of the early and the late consumptive, and of the splendid victories we should soon win over the great white plague. He was an artist, indeed, in inspiring word painting; and if his pictures of some things were not just as we found them to be, they were, at least, the substance of things hoped for, the evidence of things not seen. They were only as yet somewhat too good to be true.

As a writer and public speaker, Dr.

Whittaker was polished, charming, erudite and forcible. His knowledge of general literature, historic, philosophic, romantic and poetic was wide, and he was ever ready with an apt quotation from ancient or modern authors. In one of the first, perhaps the first number of the Ohio Medical Journal, he published an essay upon the achievements of genius under difficulties, in which he exhibited a fine appreciation of those who, like blind Milton and feeble Keats, had wrought out with cheerful spirits, though with thorns in the flesh, some of the triumphs of literature.

In March, 1896, he delivered before the Unity Club, of Cincinnati, an address, historical and philosophical, upon medicine and surgery of the Queen City, which must have made a deep impression upon the cultured audience. And so he took his place and made his influence felt in the general intellectual movement and

progress of his community.

As a practitioner, Dr. Whittaker naturally and inevitably rose to the highest position. His opinions and guidance were eagerly sought and highly valued. In these opinions and advice he was kind, hopeful, cheering, yet direct—positive and influential. The patient who came for serious consideration received it. He who sought knowledge and skill found it. And few, indeed, went away without feeling that they had been under the mind and hand of a fine physician.

But we, who had known him as teacher and man, especially we who had served under him at the bedside, and had sat by him in his home, both admired and became strongly attached to him. To me, for some time an assistant in his office, and inmate of his home, he was the honored preceptor and the beloved friend. Recently, at his request, for his hearing had grown dull, I lay upon his bed beside him, talked with him of the past, the present, and his philosophy of the future and received his farewell. He was good to me, and I loved him for it.

At the last meeting of the Alumni of the old college, which he had so long served and adorned, we missed him, for he was not there. Ever among the graycrowned heads, he was our prince imperial, the heir-apparent, soon to mansions in the skies. Like that other prince imperial, he was teaching us again the lesson: lehrne zu leiden ohne zu klagen (learn to suffer without complaint). We sent him our message in the language of our Hoosier poet, Riley: Good-bye Jim, take care of yourself.

THEODORE POTTER.

#### The President's Address.

The Journal presents the entire address of Dr. Keen at the Atlantic City meeting. We earnestly advise its perusal, as it sets forth briefly the present status of the American Medical Association which, next to the British Medical Association, is the largest and most influential in the world. Dr. Keen discusses the American Medical Journal, Rush monument fund, the antivivisection bill, which he has done so much to bury, the new section in pathology and the pathological exhibit, which is the special glory of Indiana in connection with the American Medical Association: the endowment of medical schools, and the present aspect of medical education in the United States. The latter is the main burden of his address and should be read by every physician in the land, regardless of creed or the imperfections of his own education. The paper is brief, practical, timely, scholarly and interesting, a credit alike to the author and the Association. Its main features are as noted: antivivisection and medical education.

# The Oration on State Medicine—Dr. Vaughan's Address.

Probably of all the papers presented, either to the general, or special sections, that of Dr. Vaughan on "Typhoid Fever Among American Soldiers in the Spanish War," will create most interest, both at home and abroad. It is a masterly study of this insidious and ubiquitous disease, and its lessons and conclusions are quite as applicable to civil as to military life. Onefifth of the soldiers enlisted had typhoid fever, and of these nearly 74 per cent. died. For example, there were nearly 10,000 cases at Chickamauga, of which 5,000 only were diagnosed as typhoid. Of these 713 died, or 7 4-10 per cent. When an entire command is exposed to typhoid, about onethird to one-fourth are found susceptible, and in the camps about one-fifth were It was not due to errors in diet, stricken. to climate, to preceding intestinal disorder.

The men took it from their homes to the camps, and by filthy living imported it to each other. The findings of Vaughan verify the predictions of Sternberg, that typhoid fever would be the real enemy our volunteers would meet in the Spanish war.

#### The A. M. A. Medal-The Senn Medal.

This medal of about forty dollars value was awarded to Dr. A. L. Benedict, of Buffalo, for his essay on "Quantitative Tests for Proteolysis." Six essays were submitted. The medal was handsomely engraved.

Dr. F. Gregory Connell, of Chicago, received the Senn medal for his essay on "Exstrophy of the Bladder." Dr. Keen presented both medals and complimented

the authors.

# Normal Prophylactic Appendectomy, a Symposium by American Surgeons.

Such is the title of an article of fourteen double pages in *The Medical Review* of St. Louis, March 17, 1900. It is made up of the answers of eighty-two American surgeons of note to the question as to whether it is advisable to remove the appendix of infants so they may not develop appendicitis. It was incited by a halfserious, half-humorous suggestion of Dr. Burt S. Wolder, of Cornell University. The surgeons almost uniformly condemn such surgery as unnecessary, unnatural, illegal and criminal.

But the remerks brought out as to the causes of the disease and nature of the appendix are interesting and valuable. Stimson states that the discussion of such a question diminishes public respect for our judgment and sincerity as a profession. Dr. Penrose thinks the disease may be avoided by proper diet and habits of

life.

Dr. Ochsner has repeatedly operated for appendicitis on patients who had suffered abdominal section for other conditions, but has not removed the appendix when making sections himself, unless he found it diseased, or containing enteroliths. One is not justified in removing the normal appendix. Only Dr. Merrill Rickets, of Cincinnati, favors the removal.

Stimson says 50,000 children are born annually in New York, 166 each day. Of

these, one-half live until 2 years of age. He asks how many of the 25,000 would die from the operation? As well remove the breasts and the uterus of all women over 45 years of age for fear they may develop cancers! Murphy thinks that not more than one in a hundred have appendicitis, and, therefore, we should have to do ninety-nine operations to prevent one Murphy regards all peritonitis in males and in girls before puberty as practically the result of appendicitis, and thinks the time is coming when it will be legally criminal not to operate within thirty-six hours of the time of attack, and so reduce the mortality to less than onehalf of 1 per cent.

The answers bring out many extreme and diverse views, the only value of the

discussion.

We shall save this paper among our medical curios; it is too good to be put in the bundle of fool papers—a large group.

# Smallpox in New Orleans of a Virulent Type—Conditions in Indiana.

Recent reports of the Marine Hospital service state there have been 7,648 cases of smallpox, with 402 deaths, during the present epidemic; that is from January 1, 1900, to April 15th. This is an increase of 44 per cent. of cases, and 48 per cent. of deaths, as compared with the same months in 1899.

New Orleans has had the most cases and the greatest mortality, according to the report of the City Health Officer, Dr. Quitman Kohnke, made to the Louisiana State Society, April 20th, and published in the New Orleans Medical and Surgical Journal for June. That city had smallpox from February 2, 1899, until July 24. There were 232 cases, with five deaths, a little over 2 per cent. The second epidemic began in October, 1899, and is still in existence with a total up to April 12, 1900, of 924 cases, and 232 deaths. the cases, 619 were treated in the smallpox hospital, with 172 deaths, over 31 per cent. Treated in residences, there were 305 cases, with 80 deaths, or 35 per cent. great percentage of mortality exceeds that of the famous, or infamous, epidemic of 1885 in Montreal, where nearly one-third of the patients died. This percentage is a standing denial of the often made as-

sertion that smallpox in the United States is in a light form, and is "not so bad as vaccination." Dr. Kohnke says there is no explanation of the marked difference in mortality between their first epidemic, 2 per cent., and the present epidemic, 31 to 35 per cent., except the varying severity of the type. All the other conditions were similar. And there is no reason to believe that the epidemic now prevalent in various parts of Indiana, and particularly in Indianapolis, where smallpox has been prevalent continuously for eighteen months, will continue to be of a mild type. anapolis has suffered from smallpox imported from various quarters of the coun-The Irvington group of eight cases, appearing in April, of this year, among the students of Butler College and their friends and servants, was brought from lowa by a child of one of the professors under the guise of chickenpox, and some of the physicians of that suburb denied the disease was smallpox after the diagnosis had been made by competent authorities, including the Health Officer of Marion and the County. Dr. H. Ridpath, diagnostician of the Health Board of Indianapolis. Dr. Charles E. Ferguson. Prompt vaccination and isolation at once controlled the epidemic, though some of the patients are still marked and unpresentable after nearly three months.

Indianapolis has had another group of eight or ten cases among Pan Handle railway trainmen, contracted in Columbus, Ohio. Other groups were from various Illinois and Indiana towns. There is no reason to believe that if the smallpox virus now so active among the colored people of New Orleans should be brought to Indianapolis the disease would not be as fatal among our colored, or even our white people, as among those of New Orleans.

Unfortunately, the Charity Hospital of New Orleans, with a daily average of 586 resident patients, and receiving visits from over 200 outside patients daily, became infected. The employes and visitors swelled the number of people in and about the hospital to nearly 1,000 daily. There was no isolation ward, or building, for the temporary housing of smallpox patients, and as these were unloaded on the Charity Hospital (which does not treat smallpox) from the surrounding country and towns, they came in direct contact with patients

and employes. Seventy-five patients, or employes, took smallpox in the Charity Hospital and were transferred to the smallpox hospital. Sixty-one applied for treatment with smallpox; twenty from the city, and forty-one from outside. These were sent to the smallpox hospital at once. The hospital was infected from December 7, 1899, to February 20, 1906. The smallpox of New Orleans and vicinity was among the poor and the ignorant. Dr. Kohnke says the disease does not spread among the well-to-do and intelligent classes, nor does it spread in any community willing to pay the cost of prevention, and this prevention consists in vaccination and re-vaccination, with isolation in proper detention buildings while doubtful cases are developing, and well-equipped pest-houses for the afflicted.

But New Orleans has no smallpox isolation hospital, nor any infectious disease hospital; its smallpox hospital is a temporary camp. Commenting on the prevalent condition, Dr. F. A. Myer, of Opelousas, in a paper before the State Society on "Variola," read April 20th, says:—

"The mortuary records of every country on the globe teem with instances of the prophylactic value of vaccination and revaccination, and of the value of modern methods of isolation and disinfection of families in stamping out variola, and yet to-day in this State we are confronted with a widespread epidemic of variola, which, though discrete, may, under favorable conditions, assume a malignant type and exhibit the 29 per cent. mortality that New Orleans, with shame, confesses, an epidemic which might easily have been extinguished in its incipiency, but which has been allowed to grow until it has assumed such proportions in some localities that it would be useless to isolate, for the State could not stand the expense: while here in New Orleans, a city with 300,000 people, ever ready with lavish hand to pour out money for a carnival parade, does not yet possess a hospital for consumptives, nor any other contagious or infectious disease hospital, but merely a pest camp, where the unfortunate victims of variola are farmed out at a price that is a premium on death, and which if we are to take the testimony of grand juries, the public and victims who have survived its horrors, is a place across whose gloomy portals is inscribed the sinister legend: 'Who enter here leave hope behind.'"

We have gone to some length in stating the startling conditions which have afflicted New Orleans the past winter and spring, because they show that, first, Smallpox may exist within the same city and same year in both a mild and a malignant form; and, second, that we may emphasize the fact that the conditions in Indiana and Indianapolis are not notably different from those in Louisiana and New Orleans.

Indianapolis is centrally located, with nearly a score of railroads entering her borders; her hospitals, with a capacity of some 300 beds, and outdoor clinics with a hundred patients daily, are sought by the poor and ignorant of outlying regions and towns. The city has provided no isolation hospital, and has no inhabitable pest-Her city hospital is liable to infection at any time, although it holds no outdoor clinic. Smallpox is now constantly with us, and will doubtless remain with us as long as it is prevalent in our own and neighboring States. The city has been at the expense of quarantining nearly a score of habitations within the year. There have been forty-five cases diagnosed since January 1st. and some of these are now confined in the contagious disease pavilion in the City Hospital grounds, which has been used as a pest house. The city should erect at once an isolation ward near the hospital with rooms for ten or twelve patients, where they may be at once vaccinated and their cases studied, if doubtful. A pest-house should be built to contain a score of patients. It need not be far removed from the hospital for the hospital inmates, and attendants and the immediate neighborhood may be made immune by vaccination and re-vaccination.

Furthermore, vaccination should be enforced in houses and localities where smallpox appears. This is now done in a way by the dispensary physicians, but not infrequently the virus has proved inert, or the cases have not been seen a second time, with the result that there were failures to take, and smallpox has broken out again in the same houses, or localities, where it was first found. Indianapolis is not as well protected against smallpox to-day as is Chicago or New York. The disease has

been so mild the people have lost their fear of it. Physicians still confound it with chickenpox, a disease of childhood. Only three or four cases of chickenpox have been verified in Indianapolis in youth from 18 to 25 years of age, among hundreds of cases of that disease.

Finally we have the misinformed, the misguided, the intellectually benighted, the bull-headed and ignorant egoists and charlatans, and the jealous and uiteriorly interested groups of physicians in various portions of the State who have failed to study the literature of the disease in general, and, particularly, the special histories of the present mild epidemic as described by Welch, of Philadelphia; Probst, of Ohio; Hyde, of Chicago; Egan, of Illinois; Ferguson, of Indianapolis; Reynolds, of the Chicago Health Board, and the special papers issued by the United States government, and some, alas, who do not take, or do not read, the Indiana Medical Journal, which has recognized and treated the prevailing eruptive disorder prevalent over one-half of the United States as nothing more or less than smallpox and entirely controlled by vaccination and re-Education and death, the vaccination. virile and relentless destrovers of many evils, will, in good time, do away with the above groups of professional parasites, and vaccination will be accepted by doctors and people as the prophylactic for smallpox, as nonchantly as they prescribe and use sulphur for the itch.

To this end, the State, through its recent wise sanitary legislation, and the decision of the present Supreme Court, upholding the police power of the State Board of Health, including the right to keep children out of both public and private schools unless vaccinated, has rendered mighty aid. This day, June 20, 1900, the Supreme Court of Indiana, overruled the petition for a rehearing in the case of Frank D. Blue vs. Fannie M. Beach and others, and Miss Beach, of Terre Haute, will not admit the little boy, Blue, into the public schools of that city next September unless he is vaccinated, and has a certificate to that effect. does the State, which expresses the righteousness of the people, uphold justice and come to the defense of science. The law should compel vaccination at birth, at school age, and on entering manhood, as in

Germany. Vaccination should be persisted in by physicians on their own persons year after year until they are certainly immune. No doubt such a series of vaccinations would have protected Dr. J. D. Ketchem, of Tunnelton, near Bedford, Indiana, who died of smallpox at his home June 3d, after unremitting attention on cases of smallpox for several months, ac-

cording to recent press reports.

There will always be doubters and opponents, such as Dr. Happle, of Trenton. Tennessee, a man given to writing extreme and bizarre papers, though elevated to the dignity of a Trustee of the American Medical Association. His paper claiming that the present epidemic in his locality, read at the Atlantic City meeting, is not smallpox, was promptly negatived by his near neighbors, and received no support by any competent discussant. The American Medical Association spoke in no uncertain voice on this subject at the Columbus meeting, and the sense and probity of its utterance has gone forth to the ends of the land, and will not be affected by the opposition of a few physicians who are either ignorant, incompetent or prejudical, and who think the special manifestations of the epidemic in their locality should be typical of the entire clinical manifestation of the diseasc.

#### The Future Home of the Association Journal.

Some apprehension was expressed to the editor and to others at the Atlantic City meting that the Association Journal might be removed under certain contingencies—the election of a majority of trustees from the Eastern States, or preponderance of influence of the Eastern members of the association over those from the West-to New York or Philadelphia. It was even rumored that the Philadelphia men would make a strong push for the Journal in the event of a majority of eastern Trustees being elected, throwing to it the support of the publishing and college constituencies that founded the Philadelphia Medical Journal as an offset to the Record and the Journal of New York City. This, of course, would mean, it was intimated, the merging of the Philadelphia Weekly in the Association Journal, with Dr. Gould as editor. And as to New York it is stated there has been a movement on foot to purchase the New York Medical Journal, published by D. Appleton & Co., and so ably edited by Dr. Frank P. Foster, and put it in the possession of a board of stockholders composed entirely of New York physicians. Certainly there has been a strong sentiment on the part of those seriously interested in the medical periodical literature of the country to have a weekly organ of the profession owned and managed by the physicians themselves, and fancy free of the great publishing houses, the proprietary manufacturers of medicines and the chemical manufacturers, both home and foreign

At the present time this demand is most nearly met by the Journal of the American Medical Association. The trustees of the Journal have recently excluded from its pages the advertisements of all proprietary medicines advertised in the public press, and also all preparations of which the formula is not published.

The Journal now has over 9,000 members, paying a total of \$45,000. There are also 4,633 subscribers who are not members, making a total of 13,076 subscribers. The gain for the year ending December

31, 1899, was 2,687.

As an instance of the gain in the Middle West, we may take Indiana with 443 members, 211 subscribers, a total of 654, and a gain of 150 during the fiscal year. Nebraska shows a notable gain: 144 members and 70 subscribers, a total of 211. New York State has but 430 members, and 131 subscribers, a total of 561, with a gain The greatest gain is in Ohio: 866 members, 528 subscribers, total 1,394, a gain of 484. Ohio has evidently been well worked. Michigan has gained Pennsylvania has 1,088 members, 126 subscribers, and a gain for the year of but 53.

It is notable that Indiana has more members than New York and is only excelled by Pennsylvania and Ohio. This is due to her high degree of county and State organization, superior to that of any of her sister States. It would be interesting to compare, if it were possible, the subscription lists of the three great Eastern weeklies, and compare them with the lists of the association Journal, even though subscription to the latter is essentially compulsory.

With total receipts of over \$109,000 last year, of which over \$77,000 were expended for the Journal, a United States bond investment of \$10,000 and a loan, of course good, in Indianapolis of \$3,000, the Journal reports an available cash balance June 1st, of over \$4,000. Meanwhile, the Journal has been constantly enlarged and, during the year, nearly \$5,000 was paid to various well-known writers, East and West, for the one item of editorials. only essential criticism made upon the Journal, as a scientific organ, is that it must publish all articles read before the various sections at the annual meeting, except such as are cut out by the editor, acting as censor, or by the trustees if referred to or appealed to them. Of course, more or less useless matter appears in each number, but not more than in the other great medical weeklies. This objection is now being met by a strong sentiment in each of the sections to weed out and refuse to receive papers that do not possess essential. merit, but also an effort to turn down the verbose and versatile member who reads papers in several different sections, but has no home section, and is really not wanted by any section.

As to distribution the Association Journal is essentially the medical organ of the Middle West. New England has 704 subscribers, half of whom are in Massachu-The other Atlantic States have 2,-650 subscribers, of which nearly one-half, 1,214, are residents of Pennsylvania. That is, the Atlantic States, great as they are in wealth, population and "medical centers," furnish little more than a fourth part of the subscribers to the Journal. It is hardly to be expected that until the profession in the Eastern States double or treble their membership in the association and their subscribers to its journal, that there will be any movement to take the Journal And even then there would be no argument for its removal. Chicago will. for long, determine the center of population of the United States, which is now near Indianapolis, but will be jogged westward by the findings of the census of 1900.

While the Middle West has not been so prolific in medical book-making, in hospital and medical school building, as the Eastern section of the country, this section is not intellectually poverty-stricken in the production of literature or in the means of education. "Chicago is now interested in corn and pork," said one of her

citizens a few years ago, "but when she does take hold of culture she will make her hum." The "culture hum" is now quite an audible sound in the cities of the Middle West. And the great medical book market is in the West; the profession throughout the Mississippi Valley is developing better home schools, more exacting medical legislation; better clinical facilities, including bedside instruction, and hospital obstetrical courses. The Western physicians are also more loyal to the national association, and to its journal than the Eastern physicians. Finally, the recent election of trustees for the American Medical Association is indicative of the Western tendency and feeling. The election at the Atlantic City meeting of Mathews, of Kentucky; Porter, of Indiana; Rodman, of Pennsylvania (essentially a Kentucky physician), and Ingals, of Chicago, is a sufficient indication of the Western movement. Happle, of Tennessee, and Love, of Missouri, are of the great Southwestern section which is rapidly increasing in its membership and lovalty to the association. There is no likelihood of a board, so constituted, removing the Journal to an Eastern center. And as to any change in the management there is no present need, or necessity. The association wisely determined at the Columbus meeting to combine the functions of the business manager of the Journal and the secretary of the association. This was done, and for the first time in the history of the Journal the association was presented with a full and complete account of the work of the year, and Dr. Simmons received commendation for his efficient business methods from many sources, including the address of President Keen, who is, himself, an Eastern man, but in full sympathy with the aims and purposes of the association and its organ. And so our Chicago friends have nothing to fear from the bogie of Eastern influence on the association. For our own part we regard it as of little moment where the Journal of the American Medical Association is published. Its natural home is in one of the great medical centers of the country. influence will, doubtless, be enhanced in the future, as in the past, by permanent location in Chicago, the business capital of the Middle West, and the present center of its most active and numerous constituency. The matter of vital importance is to so conduct the association and the great Journal, which has become its heart and mind and voice, as to draw to their aid by all fhe strands of professional courtesy, sympathy, fraternity and sincerity, the powerful support of every city and every State, until the society and the Journal shall invite the love and command the esteem of every member of the great guild which it so very worthily and so very generally represents.

#### Indiana at the Atlantic City Meeting.

From Indiana there was a large attendance. There are over 9,000 members of the American Medical Association; of these over 2,000, more than one-fifth, were registered at the Atlantic City meeting. Indiana has over 1,500 members in her State Society, and of these over 400 are members of the American Medical Association. There were about fifty of these present, one-eighth of the Indiana State membership, and  $2\frac{1}{2}$  per cent. of the entire attendance at the national meeting. Can any other State show so good a record?

From Indianapolis were the following: Drs. John H. Oliver, George J. Cook, J. L. Thompson, W. N. Wishard, A. L. Wilson, Joseph Eastman, Joseph Rilus Eastman, J. A. Sutcliffe, L. H. Dunning, Hannah Graham, Albert E. Sterne, L. C. Cline, Frank B. Wynn, Lafayette Page, H. O. Pantzer, A. W. Brayton, Martha J. Smith.

From Fort Wayne, representing the Allen County Society, were Drs. A. E. Bulson, George J. McCaskey, E. J. McOscar, G. L. Greenawalt, W. P. Whery, J. S. Boyers (Decatur), and George B. M. Bowers.

From South Bend were the delegates from St. Joseph County: Drs. J. B. Berteling, C. A. Daugherty, F. M. Sawyer, F. P. Eastman, J. W. Hill and G. W. Van Benschoten.

From Muncie and the Delaware County Society were: Drs. G. W. H. Kemper, V. G. Powers (Albany) and H. C. Burcham (Albany).

We met also Drs. J. B. Garber and D. P. Murray, of Dunkirk; V. Z. Powell, of Logansport; E. D. Freeman, of Osgood; W. H. Ristine, of Crawfordsville; Drs. Edwin Walker and P. Y. McCoy, of Evansville; Dr. H. C. Utz, Atlanta; Dr. C.

C. Ray; Arcadia; Dr. Oliver James, Cory; C. Hicks, of Caborns.

Very general satisfaction was expressed at the election of Dr. Miles F. Porter, of Fort Wayne, as Trustee. Indiana has had a trustee for two terms of three years in the person of Dr. Joseph Eastman, of Indianapolis, and it was a compliment to the State to continue the representation.

# The Officers for the St. Paul Meeting of the A. M. A.

President, Dr. C. A. F. Reed, of Cincinnati; First Vice-President, Dr. A. W. Calhoun, of Atlanta; Second Vice-President, Colonel Alfred A. Woodhall, U. S. A.; Third Vice-President, Dr. Philip Marvel, of New Jersey; Fourth Vice-President, Dr. W. E. Quine, of Chicago; Secretary and Editor, Dr. George H. Simmons, of Chicago; Treasurer, Dr. H. P. Newman, of Chicago.

Four Trustees were elected. To take the place of Dr. Reed, who was made President, Dr. James M. Mathews, of Louisville, was elected. Dr. Truman W. Miller, of Chicago, died May 21st. a Trustee at the time of his death. Dr. E. Fletcher Ingals, of Chicago, was selected to fill the vacancy. Indiana has had a representative on the Board for two terms in the person of Dr. Joseph Eastman. Dr. Miles F. Porter, of Fort Wayne, was advocated by the Indiana delegation and nominated. The term of Dr. J. T. Priestly, of Iowa, having expired, Dr. W. L. Rodman, of Philadelphia, was elected. Drs. Porter and Rodman were never members of the board before. The term is for three years, there being nine Trustees, and three elected each year.

For the first time in the history of the association there was an effort to set aside the decision of the nominating committee, which is composed of one member from each State, selected by the State delegates.

Upon Thursday morning Dr. Bulkley, alone, voted against the report of the nominating committee. Upon being requested by Dr. Dudley Reynolds, of Louisville, to state his reasons, he complimented the present board for the success of *The Journal*. etc., and moved that the name of Dr. Priestly be submitted for that of Dr. Rodman, and that of Dr. Eastman for the gentleman nominated from Indiana.

Dr. W. N. Wishard, of Indianapolis, moved to lay the motion of Dr. Bulkley on the table, which, of course, was not debatable. As President Keen could not determine the vote by voice, a count was made and the action of the nominating committee was upheld by a vote of 118 to 99. This ended the incident, as it was seen that it would be useless to bring it up on Friday morning.

The place of meeting was unanimously agreed upon as St. Paul, Minnesota, to occur the second week in June, instead of the first because of the lateness of the sea-

son so far north.

The address on surgery will be given next year by Dr. John A. Wyeth, of New York. The address on State Medicine, by Dr. John M. Kober, of the District of Columbia, and the address on medicine by Dr. N. S. Dayis, Jr., of Chicago.

These addresses are among the great events of the meeting. They are given on Wednesday and Thursday mornings in the general session, and, if worthy papers, are widely published. To deliver a worthy and original address on medicine or surgery at the national meeting is greater than to be its president.

#### Inter-State Medical College Reciprocity.

The Indiana Medical College, through its secretary, Dr. George J. Cook, under date of May 21st, received a note from the Michigan State Board of Registration in Medicine; saying "A personal inspection of your plant and equipments, as well as meeting a part of your faculty, at least, will be necessary before your school can be recognized by our board. The expense of the committee would have to be borne by you."

The Indiana State Board of Medical Registration and Examination was in session July 10th, granting licenses to practice in Indiana upon the basis of approved diplomas, or of examination, as is their rule. Dr. W. N. Wishard and others, representing the Medical College of Indiana, presented the proposition of the Michigan board to the Indiana board.

The Indiana board decided that in the event of the Michigan board refusing to accept the diplomas of the Indiana medical colleges in good repute, the same rule would be enforced against the graduates

of the Michigan medical schools, "tit for tat." And so the Michigan Medical Board will have to forego that part of its medical educational inspection junketing tour, which includes the Indiana medical centers.

The present writer, speaking on his own account, and he has been connected with the Medical College of Indiana for twenty years, has no fear of the graduates of that college being turned down in any fair State medical examination. And as to clinical instruction, the advantages presented by the Medical College of Indiana are superior to those offered by any medical school in Michigan, not excluding the Department of Medicine and Surgery of the State University, located in the pretty village of Ann Arbor. Rather than to support a large number of inefficient medical schools, the reciprocity clauses of the medical laws, recently passed by the various Western States, had better be abrogated, and graduates locating in other States than the one in which they received their diploma, required to take an examination satisfactory to the board in the State in And such a which they desire to locate. rule for Indiana would keep the graduates of the mushroom schools in surrounding States out of our borders.

#### The William H. Welch Festschrift.

The twenty-fifth anniversary of Dr. Welch's entrance into the medical profession was celebrated May 4th. Prof. Councilman, of Harvard University, acted as spokesman, and at the complimentary dinner, held at the Marion Club, Baltimore presented him in honor of the occasion a volume of contributions to the science of medicine of over 1,000 pages, comprising thirty-eight papers, all embodying original research. Dr. Councilman's presentation eulogy may be read in the Johns Hopkins Bulletin of June; also the feeling response The same journal gives a by Dr. Welch. synopsis of each of the thirty-eight papers, occupying nine full pages of the Bulletin.

It will be remembered that the medical school was opened some years after the university opened its doors twenty-four years ago. Dr. Thomas Huxley was present, and made the opening address and installed Dr. Martin, who, with Prof. Huxley, had written the well-known "Huxley

and Martin's Biology." After eight years a chair of pathology was established, and sixteen years ago Dr. Welch was called to its occupancy. Some eight or ten years ago the medical school was opened; its foundation was laid, as it should be, in the laboratories of physiology and pathology of the university. In no other medical department of a university in the United States has there been so natural a development, so close a relationship between the hospital, the medical school and the university as in Johns Hopkins. ideal—a marriage of art and science. Harvard is a good second, and the new medical school of Cornell University is also a follower. Chicago University has adopted Rush Medical College, but in none of these is the medical department so inherently a part of the university as at Johns Hopkins.

Dr. Welch, in his response, compared the opportunities for the study of pathology now, with those of twenty years ago, when he started the laboratory at Bellevue, and Dr. Prudden made a similar effort at the College of Physicians and Surgeons. To-day pathology is everywhere recognized as of fundamental importance, and a dozen good laboratories are equipped, not only for teaching, but for original research; many of our best hospitals have clinical and pathological laboratories; fellowships for pathologists are established, and now contributions from American laboratories take rank with those from the best European laboratories. Dr. Welch paid a high compliment to Delafield and Janeway, the best pathological anatomists he had ever known; also to Jacobi, whose 70th birthday was celebrated the night fol-"I owe lowing by well-earned honors. more than I can tell to my German teachers, Cohnheim, Weigert, von Rechlinghausen and Wagner, and through them to the great master, Rudolph Virchow."

Above all this era was the beginning of the bacteriological era marked by the discoveries of Koch, whose work Dr. Welch saw in Cohnheim's laboratory in Breslau, and whose personal teaching he later enjoved.

Dr. Welch spoke with pride of his associates called to other institutions—Councilman to Harvard, Abbott, Flexner and Clark to the University of Pennsylvania, Howard to the Western Reserve University

sity, Nutall to Cambridge, England, Russell to the University of Wisconsin, and "Barker, most scholarly, versatile and inspiring of teachers and students," to the University of Chicago.

Dr. Welch closed by saying that in this volume of studies he found a token of what we may expect in the future when America takes front rank with those countries which contribute most to the progress of the medical and the biological sciences. Should his name be mentioned among those who in those earlier days helped to promote pathology in this country, he should value it above all to his pupils, colleagues and fellow-workers.

Such recognition most be very grateful to a medical teacher. Three such occasions have been celebrated recently in this country: Dr. Burt G. Wilder, of Cornell University; Dr. Jacobi, of New York City, noticed in our June issue, and now this very notable honor to Dr. Welch.

Dr. Wilder's contributions have been to comparative anatomy, particularly neurology and nomenclature. Dr. Jacobi will be remembered as a great practitioner, notably in pediatrics. But Dr. Welch has probably given the greatest impulse to pathology imparted by any teacher in the United States.

Such occasions should not be too common for these laurels are only for the worthy. But there is a teacher and pathologist in Chicago, Dr. Christian Fenger, who has been so great an inspiration to the young physicians of that city that they propose to honor him in some signal manner upon his next birthday, November 3d. And they will make no mistake.

#### Dr. Roswell Park on Cancer.

The storm center of the cancer research, now prevalent, seems to be at Buffalo. The legislature of New York appropriated \$10,000, three years ago, for the laboratory study of cancer, of which \$2,000 was for the salary of the incumbent, and \$8,000 for the laboratory.

Recent essays and lectures by Dr. Roswell Park are now widely printed and quoted. His theses are set forth fully in two papers, "The Nature of the Cancerous Process and the Cancerous Cochexia, and the Relation of Local Irritation to Each," read before the New York Academy of

Medicine, February 14, 1900, and a second paper, with the title, "Again the Question of Cancer," before the New York State Medical Society, January 31, 1900, and published in the *Medical News* of March 3d. These papers should be read together as they are complimentary.

The oft repeated statements of Dr. Park that (1) cancer is increasing at a rate, which, in ten years, will render this disease more fatal than tuberculosis; (2) that cancer is occuring earlier in life; and (3) that contrary to the rule as regards other infectious and parasitic diseases (if cancer should prove to be infectious), that cancer tends constantly to attack a better class of people, cannot pass unnoticed.

Is cancer increasing? Does it occur earlier? Do the well-to-do and cultured furnish more victims than the indigent and ignorant?

Not according to Senn, Hektoen and many others, both clinicians and pathologists, who have spoken recently and were incited by Dr. Park's propositions.

The writer met Dr. Park at the Atlantic City meeting. He is a man serious and conscientious; his views must be considered rather than ignored. He has gone at the subject in the right way, by securing State aid and establishing a laboratory where the subject may be studied from the clinical, the biological and the chemical aspects. The legislature has made the second appropriation of \$10,000. Dr. Park gives his services without fee or re-The writer stopped in Buffalo to visit the laboratory, but the workers, Drs. Park and Gaylord, had not yet returned from the Eastern meetings. He met, however, the Mayor of Buffalo, Dr. Conrad Diehl, who takes a great interest in the laboratory, not losing his interest in medicine because of his connection with civil Much credit is due Dr. Park for affairs. his advocacy of the study of cancer by State aid in laboratories, however we may differ from the startling theses he is so earnestly promulgating and defending.

#### The Post-Graduate Journal and the Jacobi Festschrift.

The Post-Graduate, always well pleased with itself and always interesting, devotes the original part of the June issue to "Diseases of the Nose, Throat and Ear," in

articles by St. John Roosa, Moore, Douglass, Phillips, Rice, Harris and Combs.

But, as the Rev. Dr. Briggs said of the proposed revision of the creed: "They have put the love of God in a foot-note." The "foot-note" in the Post-Graduate is the address of Dr. Jacobi, ten closely printed pages given in response at the dinner in his honor in New York the evening following a similar honor to Dr. Welch, Johns Hopkins. We are, however, under obligations to the Post-Graduate for reprinting this, the most notable historical medical address yet given in New York. It first appeared in the Boston Medical Surgical Journal, having strangely ignored, as far as we have observed in the New York and Philadelphia weeklies.

Dr. Jacobi's address in its largeness and liberality is widely at variance with the petty paragraphs passing for editorial comment on this great Festschrift in the Post-Graduate, and which minify the eminent guest of all New York, even if not damning Dr. Jacobi with their faint praise.

Forsooth, Dr. Jacobi was a teacher in "our school" for only one year, though the Post-Graduate admits that "during that time he was of exceeding service!" Very likely. And Dr. Jacobi is mildly censured for not taking part in the great anti-dispensary agitation. "His voice was missing," we are told. We doubt there were other voices which might have much better been spared. It was in ill taste to regret the dinnerless dead such as Mott, Sims, Parker and Draper, while to remind Emmet, Thomas and Markoe that their friends are neglecting to dine them is a very palpable breach of courtesy.

The tenor of these paragraphs as a whole is, that for a foreigner in New York, Dr. Jacobi has been very lucky and vastly overrated. The diminisher concludes: "But take him, all in all, Dr. Jacobi has been of the greatest service to the profession of New York," etc., etc., and now that the dinner is given, the noble response of Dr. Jacobi made matter of record, and the best element in New York City, both lay and professional pleased that a generous and humane impulse has blossomed and fruited for the benefit of both the present and future, the Post-Graduate, tardily and at the tail-end of its puerile

criticisms, "unites with all those who sat around the board that evening in wishing him still a long, happy and useful life. We recommend this address of Dr. Jacobi to those of our foreign brothers in and out of the profession, who have come to this country to share our bread and live under our flag in recent years—not out of Prussian prisons, and bearing with us the trials and discipline of the civil war, as Schurz and Jacobi have done—but who have come in the piping times of peace and prosperity, and are harshly critical of our institutions, our manners and our present conduct of government. The American people let things go on; they allow experiments; they suffer mismanagement, civil and municipal and bide their time.

But the American spirit prevails in the end when the crisis comes. This has been noticed by Bryce, by Kipling, by Matthew Arnold, and even by Carlyle. The speech of Dr. Jacobi shows that he felt the largness of American necessity and American opportunity; that if the United States is to be perpetuated, not by numbers, but by a saving remnant, that it is our duty to ally ourselves with that remnant.

#### The Harvey Medical Society.

The physicians of southwest Hendricks county met at the residence of Dr. W. H. White, at Amo, June 22d, and organized the Harvey Medical Society. The organization was named in honor of the late Dr. Thomas B. Harvey, of Indianapolis, generally acknowledged as Indiana's greatest physician. The physicians who identified themselves with the new society are Drs. Heavenridge, Masters, Terrell and O'Brien, of Stilesville; Drs. White and Summers, of Amo; Drs. Hunt and Hope, of Coatesville. After the meeting had been called to order, Dr. Norwood G. Masters was elected president, and Dr. Charles F. Hope secretary. Dr. White read a paper on diabetic coma, which was followed by a discussion of the subject by all the members. The papers for the next meeting will be read by Drs. O'Brien, Hunt and Summers, at Dr. Summers' office, on the first Monday in August.

It is quite fitting that Dr. Harvey's name should be held in memory by his old students and co-laborers, for it was not "writ in water." Dr. Harvey was the chief spirit in the organization of the Hendricks County Medical Society, and at one time its president.

Dr. Harvey lectured for nearly twenty

years in the Medical College of Indiana. He was stricken with paralysis December 5, 1889, while lecturing on the "Diseases of Women" to the senior class. He was laid upon the clinical chair, upon which he had examined hundreds of women, the place and way of all that he would have chosen to fall, and passed in a few hours "to where beyond these voices there is peace."

Mr. John H. Holliday, a devoted friend of Dr. Harvey's, said of him editorially in the Evening News: "He was the beloved physician. Rarely gifted in personal attractiveness, a kingly man in form and feature, every attribute of heart and mind comported with the noble presence nature gave him. To see him inspired confidence; to know him created love. Naturally, such a man inspired his students, and doubtless the best of his life work was in the influence exerted upon a generation of physicians, scattered all over the land, to whom he must always be a hero and example."

It is such a group of physicians in Hendricks county, remembering Dr. Harvey's vast knowledge, tenacious industry, acute reasoning power, his capacity for friendship and sympathy, the aid he gave physicians in trying cases, no doubt often in their own families, who have honored his life and memory by naming their society for him.

#### Buck's Reference Hand Book—A New Edition.

A new edition of Buck's Reference Hand-Book of the Medical Sciences is under way by William Wood & Company, of New York City. This work was begun twenty years ago, and for fifteen years has been the most popular medical reference book printed in the English language. It covered the entire field of medicine, surgery and the allied sciences and met every reasonable expectation. The last two decades of years have been so fraught with discoveries in science, notably in biology and pathology, that an entirely new revision of this great work is necessary, and will be made. The first volume will be issued about the middle of August. profession may be congratulated that this great reference book is to be rewritten and illustrated by the application of modern photographic technique. In their advance

notice the eminent publishers very justly

sav:

"In thus calling your attention to this new work, we feel a pride, wholly pardonable we think, in referring to the past history of our house, established nearly 100 years ago, in that our imprint upon the title page of any work has never failed to stamp the publication bearing it as worthy of the most implicit confidence of the medical profession. It has always been our ambition to give in all our publications more than we promise, and it is to the recognition of this fact that is due, in no small degree, the confidence of the medical profession in the value of all of our publications, and the unparalleled patronage which has been extended to them."

#### Supreme Court Again Supports Vaccination.

The petition for rehearing in the Terre Haute vaccination case was overruled today. The case was entitled Frank D. Blue vs. Fannie M. Beach and others, and was an attempt by Blue to compel Miss Beach to admit his little boy as a pupil in her school, when he had not complied with an order of the School Board and Board of Health that all pupils should be vac-The case originated during the cinated. smallpox scare in the fall of 1893, and was afterward prosecuted as a test case to determine whether children who refuse to be vaccinated in obedience to an order of the Board of Health, may be excluded from the school.

In affirming the judgment of the Circuit Court upholding the action of the teacher and the school board, the Supreme Court held that when an emergency arises, by reason of the prevalence of smallpox in the State, the health officers have authority to enforce reasonable regulations to prevent the spread of the disease, including the enforced vaccination of all who continue to attend the public schools. declined to consider whether vaccination could be required when there was no such emergency, because that question was not presented by the case. The appellant presented a petition for rehearing, insisting that the case showed a permanent exclusion of his boy from school until he should be vaccinated, and asking the court to declare such exclusion unlawful. But the Supreme Court overruled the petition, without adding anything to its original opinion.

#### The Indiana State Dental Association Meeting.

The Indiana State Dental Association closed the first day of its forty-second annual meeting with a social session in the garden at the German House, June 19th. There were about 150 members present and it was a time of meeting for old classmates who separated after receiving their diplomas and chose locations in different parts of the State.

The social was preceded by a session at the Indiana Dental College, in which Dr. D. A. Thompson, of this city, read a paper on "I'he Specialist and the Fifth Pair of Nerves." He was followed in discussion by Dr. George E. Hunt and Dr. George Kahlo, both of this city. The subject, treating of the facial nerves which lead to the eyes, ears, nose and teeth, was construed to show the close relationship that exists between the dentist and physician, and show how closely their professions are

allied.
Dr. Aims and Dr. Hewitt, two specialists from Chicago, were present, and Dr. Hewitt gave a talk on "Anesthesia." Dr. R. A. Adams, of Clinton, read a paper on "Orthoform and Nirvanim," which was discussed by Dr. A. T. White, of New Castle, and C. E. Redmond, of Peru. Rev. J. Cumming Smith pronounced the invocation at the morning session, and President Melville A. Mason delivered his annual address.

The association is very prosperous and is well represented over the entire State. Recently twenty-six new members were taken in, and twenty or thirty more will be admitted before the convention closes.

The clinics were held at the Central College of Dentistry, and the afternoon program continued at the Indiana Dental College. Papers were read by Dr. F. C. Greene, of New Albany, on "Lower Impression," discussed by Drs. J. F. Werner, of Elkhart, and H. A. Moyer, of Kendallville; and Dr. J. R. Callahan, on "Non-Cohesive Foils," discussed by Drs. J. G. Reid. of Chicago, and Alexander Jameson, of Indianapolis. At the night session Dr. George E. Johnson, of Fort Wayne, read a paper on "Esthetic Dental Prosthetics," which was discussed by Drs. J. Q. Bryam, of this city, and J. H. Morrison, of Connersville; and Dr. W. A. Heckard, of this city, read a paper on "Compressed Air," discussed by Dr. R. I. Blakeman, of this city, and Dr. S. B. Lewis, of Evansville.

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#### Note from Doctor Virchow.

A postal from Dr. Rudolph Virchow to Dr. F. B. Wynn, of Indianapolis, regarding the 1900 pathological exhibit of the American Medical Association at Atlantic City, June 5th to 8th:

LUGANO, May 4, 1900.—I have received your letter of the 19th of April, concerning the pathological exhibit. As I wish to help you in this important work, I will send after returning to Berlin, the requested engraving and, perhaps, some printed papers. I hope that your countrymen will recognize the intimate relationship of practical endeavors of pathology, not only to rightful diagnosis, but also to successful treatment.

Yours, very truly, RUDOLF VIRCHOW.

We take pleasure in presenting a facsimile of Dr. Virchow's note: mensely increased the interest and importance of our meetings by the exhibit and formation of the pathological section.

"Sincerely yours,

"WILLIAM H. WELCH."

While Dr. Welch could not attend, he sent as the representative of the medical department some valuable material in charge of Dr. Marshall, and promises to give his support at the St. Paul meeting.

#### More Light in the Bladder and the Urethra; The Preston Cystoscope; The Koch and Valentine Urethroscopes.

The Electro-Surgical Instrument Company, of Rochester, N. Y., has been recently represented in Indianapolis by Mr. P. E. Snull, of Rochester, as the exhibitor of their instruments. The Preston cystoscope was demonstrated by Dr. W. N. Wishard, professor of genito-urinary and

Lugano, 4 May 1900. I have useived you how from the 14th against consuming the Pathological Extrict. As I whire to holp you on this important wore, I via ind after returning to Dortin the separated engraving and purhaper some pointed propers. I hop that your townshipmen with using aire the intime relationship of prantical enorther of making of prantical enorther of mag. Logis not only to sumply diagrams, but a to the summers of treatment your way that they are the summer your way they there was the town to summer the testing your way that they the summer the testing the summer way that they there was the testing the summer that the summer your way that they there the summer that

# The Pathological Exhibit—Letter from Dr. Welch of Johns Hopkins University.

Under date of June 16th, Dr. Welch writes Dr. Frank B. Wynn as follows:

"Dear Jr. Wynn: It was a great disappointment to me not to be at the Atlantic City meeting, which unfortunately came at the time of my examinations and preparation of the Shattuck lecture for June 12th.

"Dr. Osler and others have spoken to me most enthusiastically about the pathological exhibit, and I congratulate you heartily upon its success. You have done a really great work for the association, and imvenereal diseases in the Medical College of Indiana, before the clinic of the college dispensary, June 27th.

The Preston cystoscope combines in one instrument the advantages of the standard European cystoscopes, such as the Nitze, the Leiter and the Caspar. These instruments, in the progress of their development have met many difficulties, and have been greatly improved in the twenty years since Nitze, of Berlin, first put forth his instrument.

The main advantages of the Preston over any yet devised are that it has a practically cold lamp, permits of the air dilatation in preference to water, and gives two views of the bladder wall never obtained in any previous instrument, namely, a direct natural view of the wall, and also this view magnified sixteen diameters. With this instrument the bladder may be irrigated, inspected, and operations done such as catheterizing the male ureters, etc., without removal of the instrument. It may be thoroughly sterilized in all its

parts by boiling without injury.

The Koch and the Valentine urethroscopes are also made by this company. The Koch urethroscope has been exploited in the prominent medical journals, home and foreign, and has been universally commended. It gives a direct cold light at the lower end of the tube, with an unobstructed view of the urethra, and permits the direct application of drugs and instruments. The manufacturers furnish a specially made form of dry cell, giving thirty hours of intermittent illumination at a nominal expense, thus overturning a serious objection to former instruments.

The essential feature of the Koch urethroscope is the non-heating lamp. Indeed Dr. Koch got his cue from Preston's tongue depresser with a small lamp of great brilliancy and power, and little heat. Dr. Koch had the "globe" made flat so

that it is not in the way.

In Valentine's urethroscope, the flat lamp rests against the side of the tube; in Chetwood's, it rests in a little depression at the bottom of the tube, so as to be out of the way of cotton wipers and the medicine carriers. In Koch's, the lamp is very small and runs down an auxiliary tube. As to the "priority," etc., of the Koch and Valentine methods, one may read Koch's letter in the June Journal on genitourinary and cutaneous diseases. These urethroscopes are cheap and they are good, \$35.00 for the outfit. They are German inventions perfected by American genius and technical skill.

So much for the instruments. It would seem that they are even more perfect than when, a few months ago, Dr. Fuller stated in his new work, "Diseases of the Genito-Urinary System," dated January, 1900, and reviewed in the present journal, "that the urethroscope devised by W. K. Otis is one of the simplest as well as the most efficacious"—reflected light through a Klotz

endoscopic tube. Fuller sums up the advantages of the endoscope—detection of stone, urethral polypi, folds, false passages, fungosities, granulations, cicatrices, inflammatory infiltrations, ulcerations, erosions, exudations, such as bits of false membrane, the openings of sinuses, and, in fact, every variety of pathological phenomenon which may graft itself upon the urethral wall. But it is of little use in recent traumatism, because of the blood. And again the beginner interprets the images wrongly. And finally the deep portions of the canal cannot be well viewed by reflected light through a tube, as some

of the urine may leak forward.

certainly the later perfected urethroscopes will prove of great service to the young genito-urinary physicians. The treatment of gonorrhœa presents an attractive and a lucrative field in cities of 100,000 and upwards, as the disease is rapidly increasing owing to the excessive sexual excess attendant upon the false and vicious views of modern social life. young physicians who are attempting a living by treating this evil soon cease to be satisfied with irrigation and rectal stripping with massage of the seminal uesicles in chronic urethritis. They now find, or soon will find, these excellent methods in common use by the profession at large. In those cases where regimen, medicine, irrigation with dilatation, and massage fail, they must resort to other methods based on a more accurate diagnosis, and this means careful inspection of the urethra and bladder.

The cystoscope and urethroscope are great aids in the minor surgery and examination of the genito-urinary tract. But the larger surgery of these parts, including, as it does, the great and dangerous operations on the kidneys, prostate and bladder, will of nature and necessity, be done by a few men who have graduated in the large school of a long and varied general surgical practice, and for such work the cystoscope and urethroscope will be subordinated to other methods of diagnosis.

As the general practitioner adds these instruments to those he already uses for investigating the cavities of the body—the nares, throat, larynx, eye, rectum and vagina, and uses them frequently and in-

telligently, there will be less and less temptation to neglect the enlarging fields of general medicine and surgery for those narrow channels of the organism which too frequently restrict the scientific mental and moral horizon of the younger members of our profession who hope to become prosperous and famous specialists and consultants, without having first become physicians and surgeons in the larger and fuller sense these titles inherently, historically, scientifically and conscientiously should be construed and accepted.

#### Society Meetings.

# The Marion County (Indianapolis) Medical Society.

The final meeting of the society occurred June 26th, Dr. Th. B. Noble reading an "Abortion with Special Reference to Those Cases Requiring the Curet

to Empty the Uterus."

The spring program was carried through without a failure, Dr. H. M. Lash reading on "Neurasthenia," April 10th; Dr. J. L. Thompson on "Some Reasons Why Physicians Should Carefully Study the Diseases of the Eye," April 17th; Dr. Louis Burckhardt, "Fevers Complicating the Puerperium," April 24th; Dr. Hannah M. Graham, "Misplacements of the Uterus," May 8th; T. C. Hood, "Strabismus," May 15th; Dr. W. T. S. Dodds, "Malignant Diseases of the Skin, Particularly Blastomycetic Dermatitis of Gilchrist, and Epithelioma," May 22d; "Acute Dysentery," by Dr. A. Maxwell, May 29th; Dr. E. C. Reyer, "Cerebral Diabetes," June 12th; Dr. Fred R. Charlton, "Tendency to Conservatism in Genito-Urinary Work."

The attendance has averaged from thirty to forty. The first meeting in each month was devoted to reports of cases and presentation of pathological specimens. These meetings are well attended and very

instructive.

Dr. John F. Barnhill, who has been in Germany the last six months studying diseases of the ear, presented the society with a large, elegantly framed photograph of Virchow, dedicated to the society in the eminent pathologist's own hand-writing. This is a treasure, priceless, indeed.

A committee was appointed to arrange

for a mid-summer meeting to which ladies should be welcome, such as was held several years ago in the city hospital grounds.

#### Mitchell District Medical Society.

The summer meeting will be at West Baden, July 12th and 13th. Dr. W. V. Morgan, of Indianapolis, is president. He has made every possible effort with the aid of Dr. Herr, of Bloomington, to secure a large attendance. Several are going from Indianapolis; many have promised from St. Louis, Chicago and Louisville. There is every inducement for a summer outing—half-fare rates, a pleasant watering place, and a band of medical gentlemen who know each other thoroughly. They will, no doubt, have an enjoyable and instructive session, with ample leisure to review old acquaintance and make new.

#### PERSONAL.

#### Dr. George L. Dickerson.

Dr. George L. Dickerson has returned from Pueblo, Colorado, and is now located at Frankfort, Indiana, for the general practice of medicine and surgery.

#### Dr. Aimee Haskinson.

Dr. Aimee Haskinson, formerly of Indianapolis, is now located in the City of Mexico practicing medicine.

#### Dr. Bernhard Erdman.

Dr. Bernhard Erdman now has office hours at room 901 Stevenson Building, from 10:30 to 1 and 6:30 to 8. Dr. Jesse B. Harvey occupies the same suite of rooms from 2 to 4 p. m.

#### Dr. Harvey A. Moore.

Dr. Harvey A. Moore is in New York studying with Dr. Ferd C. Valentine. He will return in late September after a course in microscopy with Dr. Charles Heitzmann.

#### Dr. Samuel G. Gant.

Dr. Samuel G. Grant, recently elected professor of rectal and anal surgery in the

Post-Graduate Medical School and Hospital, has removed from Kansas City, Missouri, to No. 58 West Fifty-sixth street, New York City.

#### Dr. S. C. Cunningham.

Dr. S. C. Cunningham has been appointed assistant physician at the Northern Insane Hospital at Logansport.

#### Dr. R. C. N. Cook.

Dr. R. C. N. Cook has returned to Boswell, Indiana, after three months of post-graduate work at New York.

In the June issue of the Journal, under the department of book reviews, the name W. D. Hopkins appeared as the result of an error in proof-reading. This should have been W. D. Hoskins.

The Journal has received an announcement of the marriage of Miss Fay L. Jackson to Dr. S. G. Jump at New Burlington, Indiana, on June 6th. At home at Selma, Indiana, after July 1st.

#### Changes in Address.

Dr. John T. McShane has removed to 229 North Pennsylvania street.

Dr. John Q. Davis, late interne at the City Hospital, is located at 127 East Market street.

Dr. Frank M. Pray has taken office rooms at 18 West Ohio street.

Dr. Funk has removed from 22 West Ohio street, to 36 East Ohio street.

Dr. Francis M. Pickens is at 26 East Ohio street.

The Journal notes with regret the approaching resignation of the president of the University of Indianapolis, Dr. Burris A. Jenkins, who leaves for Buffalo, N. Y., in a short time to accept the pastorate of the First Christian Church.

#### Dr. O. H. Garrett.

Dr. O. H. Garrett, of Cadiz, Indiana, of the Medical College of Indiana, class of 1883, was in the city June 23d attending

to business and calling on professional friends.

#### The Kennedy Sanitarium at Shelbyville.

Dr. and Mrs. T. C. Kennedy received their friends at Dr. Kennedy's new hospital, on East Broadway, in Shelbyville, Monday evening, June 25th. The hospital opening was attended by the profession of Shelby county, and the entire building was thrown open for the inspection of the doctor's professional friends. The hospital building is a substantial twostory brick with modern arrangements The rooms are large and throughout. airy, and the surgery on the north end of the second floor is well equipped and lighted. The building has capacity for some twenty patients. Many of the Shelby county physicians were present with their ladies, and all joined in congratulating Dr. and Mrs. Kennedy on the new enterprise. Dr. and Mrs. W. N. Wishard and Dr. J. Rilus Eastman, of Indianapolis, were present.

## Drs. Madison J. Keeney and Isaac Mayhew, of Indiana.

Dr. Keeney and Dr. Mayhew are both graduates of the class of 1900, Jefferson Medical College, Philadelphia. Keeney is a resident of Rockville, Indiana, where he may locate. Dr. Mayhew is in office with his preceptor, Dr. John Kolmer, 19 West Ohio street, Indianapolis. Dr. Keeney was awarded the Shain Practice of Medicine Prize for an elab-orate report of a "Case of Pernicious Anæmia, with Necropsy and Morbid Histology," which will be published in one of the Eastern journals—probably the Philadelphia Medical Journal. Dr. Keenev was also fortunate enough to win the Forhes prize of \$150, given to the member of the Anatomical League for the highest standing in the comparative examination in anatomy.

#### Dr. Robert Hessler.

Dr. Robert Hessler was in the city recently visiting friends. He is now permanently located at Logansport. In a note, received June 15th, to the editor, he

expresses himself well pleased with his location, and says Logansport is one of the neatest and cleanest cities in Indiana.

Dr. Hessler is well qualified for the practice of his profession. He is a graduate from the scientific and literary departments of the Indiana State University, and received his M. D. degree from the Medical College of Indiana. He began his professional career as house physician in the Indianapolis City Hospital in 1891, and subsequently was on its consulting staff, and of that of the City Dispensarv. At the same time he was instructor in pathology in the Medical College of Besides his general hospital experience he has had the special experience obtained as house physician in the Northern Indiana Hospital for Insane under Dr. Joseph G. Rogers, who stands foremost amongst Indiana alienists. For a time he was pathologist to the Central Hospital at Recently he returned from Indianapolis. a nearly two years' course of hospital and clinical studies in Germany, preparatory to again entering the general practice of medicine.

Dr. Hessler has been a frequent contributor to the columns of the *Indiana Medical Journal*, and to other journals, and some of his special researches have been widely quoted at home and abroad. We expect to hear from him ere long on some of his medical experiences in Germany. The profession in Logansport is to be congratulated upon his accession to their numbers.

#### NECROLOGY.

#### Dr. J. D. Ketchem.

BEDFORD, Ind., June 4.—Dr. J. D. Ketchem, who lived just east of Bedford, one of the best known physicians of Lawrence county, died of smallpox at his home, last night. He was a native of Monroe county and was 35 years old

Dr. Ketchem has been unremitting in his attendance on smallpox patients, and has had charge of nearly every case in this part of the county for several months. He was stricken about ten days ago, and the disease speedily assumed violent form, resulting fatally vesterday.

Dr. Ketchem was active in the Repub-

lican party councils of Lawrence county, was postmaster of Tunnelton and a member of the county central committee

#### Reviews and Book Potices.

THE MACMILLAN COMPANY has in press a work on Historical Jurisprudence, by Guy Carleton Lee of the historical department of Johns Hopkins University. intended to serve as an introduction to the systematic study of the growth of law. The contributions of each race to the science of jurisprudence are traced from the earliest records that have come to light in the valleys of the Euphrates, the Tigris, and the Nile. The contributions to the science of law made by each people are clearly traced; not merely as laws, but as fundamental components of national life. Law is treated from its historic, social and economic standpoint, and it is shown that a nation's law must be studied if its progress and status would be understood.

Progressive Medicine—Volume II., 1900. A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in Jefferson Medical ollege of Philadelphia. Octavo, handsomely bound in cloth, 401 pages, with 81 engravings. Lea Brothers & Company, Philadelphia and New York, Issued quarterly. Price, \$10.00 per year.

An examination of this, the second volume of the 1900 series of *Progressive Medicine*, reveals the very practical lines which have been followed by its contributors.

Dr. Coley, in his article on "Surgery of the Abdomen, Including Hernia," treats of one of the newest and most interesting phases of modern surgical practice, namely: operations upon the stomach.

The subject of appendicitis is considered from a practical standpoint. Bassini's operation in hernia is described in practical detail, and operations upon the intestines, colon and liver are exhaustively considered in the aspects of operation and results. Abdominal tumors and the methods for their diagnosis, come next, and this

is followed by a most interesting consideration of the use of the X-ray in detect-

ing abdominal calculi.

Dr. John G. Clark gives an admirable resume of the progress made in gynecology during the past year. The sections on "The Treatment of Pelvic Peritonitis," "The Treatment of Inflammatory Pelvic Exudates," "Ultimate Results in Treatment of Retroversions," etc., are especially interesting.

Dr. Stengel covers a list of diseases, from which arise a large proportion of human ills, following the preliminary pages in which the diagnostic value of the varying conditions of the blood is dealt with. Such pathological conditions as anemia, chlorosis, leukemia, etc., are practically

considered.

In treating of his specialty, Dr. Jackson has aimed to supply the requirements of the general practitioner rather than those of the specialist in ophthalmology. In fact, this entire volume is full of practical information to an extent which has rarely been equalled in a single book. The aim of the editors and contributors to produce in narrative form the record of the year's events, has been ably carried out.

Normal Histology, by Edward K. Dunham, M. D., Professor of General Pathology, Bacteriology, and Hygiene, in the University and Bellevue Hospital Medical College, New York. New (2d) edition. In one very handsome octavo volume of 319 pages, with 244 illustrations. Cloth, \$2.50, net. Lea Brothers & Company, Publishers, Philadelphia and New York.

Responding to the request of the large proportion of teachers whose curricula make normal and pathological histology separate courses, Professor Dunham has separated his well-known work into two In that on normal histology which is fresh from the press, he has added such material as has been developed in the brief period since the original publication of his book, and he has likewise appended his concise and complete chapter on technique so that the book answers every demand of student or physician as a text or manual. The companion laboratory volume on Pathological Histology is actively preparing. For the advantage of

those who cover both normal and pathological histology in their courses the original book presenting the whole cognate subject in a single pair of covers will continue to be published. For clearness of text and beauty of illustration no work surpasses that of Professor Dunham.

King's Manual of Obstetrics.—New (8th) Edition. A Manual of Obstetrics, by A. F. A. King, M. D., Professor of Obstetrics and Diseases of Women in the Medical Department of the Columbian University, Washington, D. C., and in the University of Vermont, etc. In one 12mo. volume of 612 pages, with 264 illustrations. Cloth, \$2.50, net. Lea Brothers & Company, Publishers, Philadelphia and New York.

A new edition of this long-time favorite manual will be welcomed by practitioners, instructors and students. No more helpful small work has ever been issued on any branch of medicine, and the fact of its hearty appreciation by the several classes for whom it is intended is well attested by the demand which has brought it to its eighth large edition.

Thorough revision to date has always characterized it, and the present issue is no exception. Forty-one new engravings have been added to the already rich series of illustrations. If a very clear, trustworthy, comprehensive, recent, and richly illustrated Manual of Obstetrics is desired, Professor King's work meets all these

requisitions.

Saunders' Medical Hand Atlases. Those already published and reviewed in this journal are:

1. Internal Medicine and Clinical Diagnosis, by Jakob, of Erlanger.

2. Legal Medicine, by von Hofmann, of

3. Diseases of the Larynx, by Grunwald, of Munich.

4. Operative Surgery, by Zuckerkandl, of Vienna.

5. Syphilis and Venereal Diseases, by Mraeek, of Vienna.

6. External Diseases of the Eye, by Haab, of Zurich.

7. Skin Diseases, by Mracek, of Vienna. And now just issued, Atlas and Epitome

of Special Pathological Histology, by Dr. H. Durck, of Munich. Edited by Ludvig Hektoen, M. D., Professor of Pathology, Rush Medical College, Chicago. In two parts. Part I, just ready, including the circulatory, respiratory and gastro-intestinal tracts, with 124 colored figures on sixty-two plates, and 158 pages Price, \$3.00, net. Parts sold separately. Part II. shortly.

All the above are excellent. They are accessible in English editions through the energy of Saunders & Company, of Philadelphia, or W. T. Keener, 52 Randolph

street, Chicago.

American Fungi. We reviewed this book by prospectus in our May issue, page The book is now out and ready for purchasers. The Bowen-Merrill Company of Indianapolis, are the publishers. The

price is \$10.00.

It is by far the most complete book upon American Fungi yet published. It is fully illustrated with thirty-two full-page colored plates showing 135 species, and over 500 etchings and engravings from pen-and-ink-drawings and photographs from Nature; charts and diagrams showing the parts of fungi which aid in readily tracing species to their genera and names.

A complete glossary defining all botanic terms applied to toadstools is presented.

A record of marked cases of toadstool poisoning is given, with their treatment. Edible qualities of over 800 species, more than 600 of which have been personally tested by Charles McIlvaine, are described. The edibility of the greater number of these is now announced for the first time.

The editor finds on a careful inspection of the book that many of the photographs from which the plates were made were taken by the late Dr. J. R. Weist, of Richmond, Indiana, an accomplished photographer and enthusiastic mycologist. H. I. Miller, Superintendent of the Terre Haute & Indianapolis Railroad, of Terre Haute, is one of the contributors. book is the size of Webster's Dictionary, and is attractive in appearance.

THE MACMILLAN COMPANY has sent the Journal a copy of Dr. Nathan Oppenheim's little book on The Care of the

Child in Health. It is a book for young marricd people who expect one of the "accidents" of marital intercourse will be babies, which cannot be safely abated, or killed by bottle, or artificial food nourishment, but must perforce be raised.

For the constantly diminishing group of women who recognize motherhood as a consequent of wifehood, this book will be a great comfort. Its chapters on the pregnant state, the baby's outfit of "duds," feeding, bathing, sleep, exercise, clothing from time of infancy to puberty, habits, education, defective children, and the common diseases of infancy, are the best we have seen, and that is a good many—mostly food pieces in the "ladies' journals" and similar advertising ventures. "Nathan" is in this book one of the Wise—that real wisdom and insight is shown that is so frequently met in the serious people of this race and belief.

Dr. Oppenheim is the physician to the children's department of Mount Sinai Hospital Dispensary. He is also the author of a book on The Development of the Child, and another on the Medical Discases of Childhood. The present and later work evidently sums up in a way the

other two.

The author's field is evidently in education—at least the formal cducators would do well to add this book to their curriculum. It is a book of the real life of the child.

Diseases of the Eye, by Edward Nettleship, F. R. C. S., Ophthalmic Surgeon at St. Thomas' Hospital, London; Surgeon to the Royal London Ophthalmic Hospital, etc. New (6th) American from the sixth English edition, thoroughly revised by William Campbell Posey, M. D. With a supplement on the detection of color blindness by William Thomson, M. D., Professor of Ophthalmology in the Jefferson Medical College, Philadelphia. of 562 In one 12mo volume pages, with 192 illustrations. Selections from Snellen's test-types and formulæ, and five colored plates. Cloth, \$2.25, net. Lea Brothers & Co., Philadelphia and New York.

Twelve editions have been demanded on the two sides of the ocean, six on each. For the first time it has been edited by an

American ophthalmologist. Especial attention has been given to methods of examination and therapeutic measures which have recently been largely employed in America. Professor William Thomson has again revised his chapters on testing for color sense and acuity of vision and hearing, now the standard accepted by the railroads, and the editor, Dr. Posey, has added the government tests for admission to the public service, army, navy and merchant marine, as well as the tests adopted by certain cities for school children. Sheets of test-types, colors and other means for detecting defects are also included. It is fully illustrated and priced extremely low.

A Manual of Medicine, edited by W. H. Allchin, M. D., Senior Physician and Lecturer on Clinical Medicine, Westminster Hospital, London.

Volume I, General Diseases, caused by atmospheric influences; the infectious diseases. New York: The Macmillan Com-

pany. \$2.00; 442 pages.

This book treats of nearly fifty general diseases. The articles are written by twenty-five English authors of eminence. It has the essential thoroughness of all English medical work. Few will be lead to purchase such a book by reading these brief remarks, but probably scores of physicians, if they were to have it in their hands for a few moments, and were to glance through its pages, would pull out \$2.00 and take the book along, for it is scientific, and it is practical. A number of tropical diseases are considered. It amounts to a work on practice of medicine.

Report of the State Geologist of Indidiana, W. S. Blatchley, for 1899. Received June 1 from the author and editor, 1078 pages.

Contains the reports of the Inspector of Mines, James Epperson; of the Natural Gas Supervisor, J. C. Leach; of the Supervisor of Oil Inspection, W. C. Zaring; the Dragonflies of Indiana, by E. B. Williamson; Mollasco of the State, by R. E. Call; Batrachians and Reptiles of Vigo County, by W. S. Blatchley; the Flowering Plants and Ferns of the State, by Professor Stan-

ley Coulter, of Purdue University. The last is a book of 500 pages, and represents an enormous amount of labor. It is only comparable to the 500-page work on the Birds of the State, by Amos Butler, published in a previous report of Mr. Blatchley's. The present geologist is the right man in the right place.

Dissertation on the Heart of the Lungless Salamanders, by Henry L. Bruner, Ph. D., Professor of Biology in Butler College. Irvington, Indiana. Reprinted from the Journal of Morphology, vol. xvi, No. 2. Boston, Ginn & Company, Publishers. By courtesy of the author. Pages 323 to 336, with plate. This is an original research carried on in the laboratory of Butler College. It shows in what ways the loss of lungs has affected the pulmonary vessels of the heart.

Diseases of the Chest, Throat and Nasal Cavities, including Physical Diagnosis and Diseases of the Lungs, Mediastinum, Heart and Aorta, Laryngology and Diseases of the Larynx, Pharynx and Nose, and Special Diseases of Thyroid Gland and Ocsophagus. By E. Fletcher Ingals, A. M., M. D., Professor of Diseases of the Chest, Throat and Nose, Rush Medical College (in affiliation with the University of Chicago), etc., etc..

This is the fourth edition of an esteemed Western work. It has always seemed to us that a treatise on the nose and throat was necessarily limited, and that the author who combined with it diseases of the chest, had a manifest advan-

tage

The writer recalls a conversation with Dr. Ingals some ten years ago, in which he insisted that the specialist in nose, throat and chest diseases is an evolution from the general practitioner. In his own case, Dr. Ingals said that he found himself more and more interested in throat and chest diseases, and gradually drifted into that department by sorting his patients and making special charges for special treatment and consultations. And so he gradually became recognized as a specialist in this department which was emphasized by his teaching and writing. The present

book is the outcome of his work, and as one peruses it, he is struck with the fact that, while studying, teaching and practicing a specialty, Dr. Ingals has not cut loose from the study and recognition of

general medicine.

Extensive additions have been made to the present edition, such as are necessary to books rewritten from time to time in the decade of years just closing, which has witnessed profound advances in pathology and interior medicine. The present edition is in one large octavo volume of 787 pages, with 254 cuts, and a colored plate. In cloth, \$4.50. It is published by William Wood & Company, of New York City.

A Manual of Operative Surgery, by Lewis A. Stimson, B. A., M. D., Professor of Surgery in Cornell University Medical College. New (4th) and thoroughly revised edition. In one royal 12mo volume of 581 pages with 293 illustrations. Just ready. Cloth, \$3.00, net. Lea Brothers & Co., Philadelphia and New York.

This work is well and widely known as a clear, concise, trustworthy guide to the surgeon and student. It covers the ground completely and its eminent author has utilized the opportunity afforded by the demand for a new edition by carefully revising and rewriting his work, thus bringing it up to date in every detail. The illustrations have been as carefully revised as the text, and the series of nearly 300 engravings will be found helpful in the highest degree.

Diseases of the Stomach; Their Special Pathology, Diagnosis and Treatment, with Sections on Anatomy, Physiology, Chemical and Microscopical Examination of the Stomach Contents, Dictetics and Surgery of the Stomach. By John C. Hemmeter, M. D., Professor in the Medical Department of the University of Maryland, Baltimore, etc. With many original illustrations and a number in colors. Philadelphia, P. Blakiston's Son & Company, 1012 Walnut street, Philadelphia.

This is the second edition of this highly esteemed work. Two-thirds of the book has been actually reconstructed, and much new material added, with many new illustrations and plates. The author dis-

claims any effort to make the book technically scientific, keeping in mind the fine statement of Riegel, that "The final end of all medical activity is to help and to heal. The practitioner has the right to estimate the progress in any domain of medicine by the gain that has accrued to the healing art." The chemical section of Part I has been rewritten by Dr. Edward L. Whitney. The author is not lacking in enthusiasm, and, especially, that which comes from the daily association with clinicians of experience and ability: quoting Ovid, he says: Scribentum juvat ipse favor, minuitque laborem; Cumque suo crescens pectors feruet opus.

Dedicated, as was the first edition, to Dr. William Osler. "Il maestro di color chesanno."

Sajous' Annual Analytical Cyclopædia of Practical Medicine. The fifth volume of this popular work was received June 10th. It includes articles from "methyl blue" to rabies. It is, indeed, a useful and a beautiful book, the finest work done by the F. A. Davis Company. Dr. Sajous is assisted by one hundred associate editors from all countries, but mainly from the United States.

Since the appearance of the fourth volume two members of the staff, Dr. Warman Kerr, of London, and Dr. J. E. Graham, of Toronto, have died. Dr. Kerr's work has been on inebriety, morphinism and kindred drug habits, and the paper on morphinism in this volume is his last contribution to medical literature. His special field has lost its most brilliant exponent, and medicine one of its most faithful and honest workers.

Dr. Graham will be remembered for his article on "Cholelithiasis," the finest encyclopædic review of the subject extant. His article on "Typhoid Fever," his last work, will appear in the sixth volume. In his death Canada has lost one of her most distinguished clinicians.

This volume has a paper by Drs. Holt and Le Fetra, of New York, on "Nursing and Artificial Feeding," which, if carefully studied and practiced, would greatly reduce the mortality among infants during the summer months. There are also articles on "Disorders of Pregnancy," by Dr. Currier, of New York, and on "Ab-

normal Parturition," by Drs. Grandin and Marx, of the same city. They do not repeat text-book matter, but give the newer aspects of these questions. Indeed, there is the impress of earnest and original work throughout the volume; the authors are not pot-boiling, or perfunctory. Other notable articles are: "Catarrhal Pneumonia," by Dr. Solis-Cohen, of Philadelphia; "Pleurisy," by Dr. Alexander Mc-Phedron, of Toronto, and "Lobar Pneumonia," by Dr. Thomas G. Ashton, of Philadelphia.

The book closes by an article on "Rabies," in all its aspects, by Dr. E. D. Bondurant, of Mobile. We have read this article with much interest, as in asociation with Drs. Ferguson and Dodds, of Indianapolis, we have had opportunity to witness rabies in dogs within the month, and confirm it by inocula-

tion in rabbits.

#### Aspects for Theological Sentiment.

For myself, I honestly confess that drawn as my soul is in so many directions,

I do not feel myself completely satisfied with any one aspect of divine things. As a poet and an artist, I am more or less a polytheist; as a natural philosopher I am a pantheist, and the one neither more nor less than the other; and if I require a personal God for my personality as a moral being, there is provision made in my mental constitution for this also—Goethe.

#### The Training for Power.

There is no knowledge in books, knowledge lies in the laboratory; when it is dead we bury it decently in a book. A lecture is a spoken book.—Dr. C. S. Minot.

The best lecturing does not so much think for you as invite you to think along suggested lines of inquiry.—Dr. Weir

Mitchell.

The didactic lecture dates from the time when printing was unknown, manuscripts rare and almost priceless. To-day, it is in large part an anachronism because the time devoted to it could be put to better use.—Dr. Burr.

No. 2. Vol. XIX. INDIANAPOLIS, AUGUST, 1900.

Price, \$1.00 s Year Whole No. 218.

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Entered at the Post Office at Indianapolis, Ind., as second-class matter.

PRESS OF SENTINEL PRINTING COMPANY, INDIANAPOLIS.

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Dr. ——, St. Paul, Minn., stated that he believed Panopepton had saved the lives of several of his infant patients during the last few days. He said: 'I take them away from all food, including milk, and simply give them Panopepton and whey (thanks to your Panopepton recipes), and Panopepton and egg albumen. The mother oftentimes thinks I am going to starve the baby, but when she sees the color returning to the little face and the eyes growing brighter, the drawn and pinched expression leaving, she has a look of confidence which is certainly pleasing to a physician.'"— Excerpt from Mr. ——'s letter of July 1st, 1900.

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# Indiana Medical Journal.

Vol. XIX.

INDIANAPOLIS, AUGUST, 1900.

No. 2.

#### Addresses and Original Communications.

#### CONVULSIONS IN CHILDREN.

BY A. L. WILSON, M. D., OF INDIANAPOLIS.

Convulsions in children is not a disease per se, but only a symptom of some grave disorder of the nervous system, either

functional or organic.

This condition, for the want of more accurate knowledge as to the cause of the symptom presented, is designated by the general term convulsions. I shall exclude all local forms of convulsions, such as laryngismus stridulus and convulsions due to tuberculosis and epilepsy when once es-

A convulsion is a violent, irregular, involuntary contraction of the muscles occurring in paroxysms and followed by a period more or less prolonged of unconsciousness.

As to the contraction, Lewis says, "Convulsions in children are, in all probability. due to an exaltation of the lower nerve centers, or more frequently to the suspension of the inhibitory power of the higher cerebral centres, which latter condition is most probably due to an altered state of the cerebral circulation, whereby there is a suspension of the normal supply of nourishment and an interference with the removal of waste material by the blood. Both of these conditions may exist at the same time."

A convulsion may be caused by reflex irritation of whatever nature proceeding from the central or peripheral nervous system; by an abnormal state of the blood, as found in acute specific and other fevers, in diseases of the kidneys, and in acute poisoning; also by anto-infection from ptomaines; by an anæmic state of the brain.

such as follows severe hemorrhages and profuse diarrheas; by the interference with the proper oxygenation and decarbonization of the blood in asphyxia, causing vaso-motor spasm; or by any profound interference with the circulatory and res-Acute intracranial piratory apparatus. pressure may cause convulsions; high temperature of the body is in itself a fertile

source of this affection.

Many conditions predispose to this affection, particularly infancy with its anatomical and physiological peculiarities and In many cases there seems to be an inherited tendency to convulsions. Many interesting experiments have been undertaken to discover what changes in the central nervous system are necessary in order to produce convulsions, but so far. no definite conclusions have been reached. The causes of convulsions are legion, but, generally speaking, any disturbance of the nervous system, either central or peripheral, organic or functional, may cause them. The loss of consciousness has been ascribed to cerebral anæmia, but Brown-Sequard considered that this occurs too rapidly and is too complete to be due only or chiefly to a contraction of the blood vessels of the cerebral lobes, but that it is due to an "inhibition of the activity of the cerebral nerve cells."

Age is undoubtedly the most important factor in the etiology of convulsions, as it is well known that children under two years of age are more frequently attacked

than those beyond that age.

Of course, considerable allowance must be made for carelessness in making out the death certificate; as the convulsion may be only one symptom among many others toward the close of a young child's illness, no matter what the disease may be. This symptom and not the exciting cause may be returned as the cause of death. In other words, it may be only a mode of dying and one incidental to the time of life. And on the other hand, in many cases where the child dies in convulsions, the original cause, and not the symptom, is returned on the death certificate, so that correct statistics in this regard are impossible to obtain.

The majority of observers coincide in regarding the male sex as more predisposed to convulsions than the female. Some contend, however, that while there are more deaths from this affection among male children, it is due to the fact that there are more males than females born, and that there is really no difference in the proportion of deaths to the number of births in the two sexes.

This would seem natural, as during early life there is so little physiological difference between the sexes. Personally, however, from my own limited experience, and from reading on the subject, I am of the opinion that male children are more predisposed to this affection than females, but as to why this predisposition exists, if it does exist, I shall not attempt to answer.

HEREDITARY INFLUENCES MAY HAVE THEIR EFFECT.—A child cannot inherit convulsions, but it may inherit such a condition of the nervous system as to predispose it to them. It is well known that the least exciting cause will be sufficient to induce convulsions in children of certain families, while in others the same source of irritation, although much more severe, will not be attended by such symptoms. This would lead one to believe that some children are born with a convulsive tendency. Rickets undoubtedly renders a child more liable to convulsions.

DETENTION SHOULD BE CONSIDERED.—
It seems to be a well-established idea, among the laity at least, that dentition is responsible for very many of the ills of young children, and that, like the so-often accused intestinal worms, should not be ignored in the consideration of this subject. But the fact that the large majority of convulsions occur during the first six months of life, the period before teething takes place to any great extent, it would seem that it should not be considered a very formidable cause of this condition. That either painful dentition or intesti-

nal worms may be a contributing cause of convulsions, I fully believe. But before assigning to either of these sources of irritation the chief or exciting cause of any given attack, we should carefully exclude all other possible factors.

IMPROPER FEEDING AND INDIGESTION ARE CAUSES.—The presence of undigested and undigestible food in the stomach and intestine is, in my experience, the most causative agent in the production of this affection. Over-feeding even with proper food, becomes a very important factor. Constipation is another exciting cause that should always be borne in mind.

Simon considers that eighty (80) per cent. of convulsions in children arise from digestive troubles. A fit of anger or any other violent emotion on the part of the nursing mother may so alter the milk, it is said, as to produce convulsions in a predisposed infant. The mother's milk, during the menstrual period, may be so changed as to become positively harmful to the child. I have seen one severe case of convulsions in a nursing infant, which I could attribute to no other cause than that the mother was menstruating at the time. And, if this can be said of the mother's milk, what are we to expect when artificial food is used. Too much care cannot be exercised in the selection and preparation of food for young children.

Gastro-intestinal disorders, especially during the hot weather, are a frequent cause of convulsions, both from the sudden vomiting and diarrhæa, and also from the rendering of the gastro-intestinal tract of the infant unfit to receive the food which before the attack may have been suited to its needs, but which now becomes a positive irritant. The hot summer months, every one knows, cause a greatly increased mortality among young children.

ACUTE INFECTIOUS FEVERS ARE ATTENDED WITH CONVULSIONS.—In the acute infectious fevers convulsions are often met with, either at the beginning or at the close of the attack. In the former case, they seem to take the place of the ordinary chill, so often seen at the onset of severe sickness in later life. They are due to the specific poison. H. C. Wood says: "The nervous explosion is to be explained in the same way that is employed to ex-

plain a chill or a sudden fever, viz.: A stimulation or depression, as the case may be, of the inhibitory chemical centre by

the specific poison.

TOXEMIC CONVULSIONS MAY FORM A DISTINCT GROUP. — Under this head should be included those convulsions occurring in uramic conditions, as well as those following the ingestion of poisons. Some of the convulsions occurring in gastro-intestinal disorders may properly be placed in this class, as they are probably caused by the poisonous influence ptomaines developed in the stomach and intestines, as suggested by Senator. vulsions may be a complication of whooping cough, and when present usually occur during the attack, or in connection with a complication of broncho-pneumonia. Irritation of the peripheral nerves, such as a burn or a scald, produces a much more profound impression upon a child than upon an adult, and convulsions are often caused in this way. Earache should always be borne in mind. Sudden violent pain from any cause may excite a convulsion in a highly susceptible child.

The causes of convulsions thus far enumerated, do not depend upon any gross lesion of the brain or spinal cord. There is another important class of cases: The various forms of acute spinal affections, including acute anterior poliomyelitis, tumors of the brain, the various kinds of meningitis, cerebral hemorrhages, embolism and thrombosis, injuries to the head and brain from accidents or during difficult labor, concussion of the brain and spinal cord, etc.

I will now consider the symptoms: General convulsions are usually preceded by the following symptoms (if we may speak of the symptoms of a condition which is itself only a symptom, viz.: The child sleeps with its eyes half open, showing the white schlerotic beneath the upturned cornea, starts and cries out in its sleep, grits its teeth, twitches its mouth. and occasionally a smile (risus sardonicus) passes across its face. There may be a tendency also to flexion of the thumbs in the palms. A gazing into vacancy, usually to one side and upward, with an expressionless face, is sometimes met with as a prodromal symptom, and during this condition the child's attention cannot be aroused.

well-marked paroxysm cannot be more accurately described than is done by Meigs and Pepper in the following language: "The child often utters a cry, loses consciousness, and is seized with powerful tonic contractions of the voluntary muscles, the eyes are for a moment fixed and staring, and then drawn obliquely upward under the upper lids, so that the white portions of the balls alone are visible for an instant between the partially opened lids, the trunk is rigid and stiff, the thorax is immovable, the respiration suspended by rigid spasms of the respiratory muscles; the face, for a moment pale, usually becomes livid and congested, and the veins of the neck are distended. stage of tonic spasm is followed quickly by the stage of clonic spasm, in which involuntary and most irregular and convulsive movements occur. The eyes are rarely fixed in one position, but are constantly agitated in various directions, from side to side, or upward and downward; very often there is the most violent strabismus; the eyelids are sometimes opened and at others shut; the pupils may be contracted The muscles of the face next or dilated. enter into contraction, and occasion the most hideous contortion of the features, the mouth is distorted into various shapes, the lips are often covered with a whitish or sanguinolent froth, and the jaws are tightly clinched together by tonic spasms or agitated by convulsive movements, so as to produce grinding of the teeth.

"The trunk of the body is also sometimes variously contorted by clonic convulsions; the head is usually strongly retracted upon the trunk, but in other instances is drawn to one side or violently rotated. The muscles about the front of the neck enter into action, and alternately elevate and depress the larynx; the tongue, when it can be seen, is observed to be moved in different directions, and is sometimes caught between the teeth and severely bitten.

"The extremities, particularly the superior, are more violently convulsed than any other parts. The fingers are drawn into the palms of the hand; the forearms are flexed and extended upon the arms by short, rapid and generally rythmical movements; the hand is quickly pronated and supinated upon the arm, or finally, the whole upper extremity is twisted and distorted into various positions, which it is impossible to describe. The inferior extremities undergo similar movements, but almost always in a less degree than the upper. The respiration during the attack is irregular, sometimes suspended by rigid spasm of the respiratory muscles, and sometimes accelerated."

The face may, in some cases, remain pale throughout the attack. The paroxysm ends by the movements gradually diminishing in violence, leaving the child in a deep sleep or else in a state of stupor.

The prognosis will necessarily vary greatly in different cases. Generally speaking, however, a child that has been exhausted by long illness has on this account a greater diminution of its reflex excitability, so that convulsions occurring in this condition are of much more serious import than when occurring in a robust child, and usually indicate grave cerebral trouble. The discovery of albumen in the urine should receive careful consideration, but does not necessarily indicate kidney disease, as it may be due to the presence of fever or to the severity of If the albumen continues for the attack. any length of time, particularly if casts are found, it should lead to the probable diagnosis of kidney disease, with the consequent grave prognosis.

No convulsion should be looked upon lightly, no matter how prominent an exciting cause may apparently be discovered. as this may be only the last element of excitation which was needed to precipitate a convulsion in reality due to some severe organic disease. According to the prominence of the exciting cause, and the absence of organic disease in a vigorous child, previously healthy, is the prognosis favorable. And the reverse is true in any case presenting the opposite conditions. Convulsions occurring during the first few days of life are, in all probability, due to hemorrhage, generally promeningeal duced during difficult labors, and are of grave significance. The convulsions ushering in the exanthemata are not of so serious a prognosis as those occurring later in the disease. Toxemic convulsions are

always of grave significance, whether occurring as a symptom of uramia or on account of poisoning.

From the reading of such works as I have had access to, it seems that while there are many theories advanced, there is but little definitely established as to the general pathology of convulsions in children. Each case requiring special study

to determine its morbid anatomy.

TREATMENT.—The treatment of convulsions naturally divides itself into two First, that relating to the paroxysm itself, and, second, that relating to the predisposing cause, viz.: The systemic condition of which the convulsion is only a symptom. As it is not always possible to determine the cause of a convulsion at the time of an attack, we are often compelled to treat the case in ignorance of the true exciting factor, as this cannot be fully investigated during the We should avoid, however, falling into the error of treating all cases alike, as it would certainly be wrong to treat an attack due to a high fever or sunstroke in the same way as one due to reflex irritation from digestive disturbances. Fortunately, there are a number of agents always useful in quelling nervous outbreaks, from whatever cause, thus giving the physicians an opportunity of discovering and possibly removing the exciting

The idea of a hot bath is so intimately associated with convulsions, in the minds of most people, that usually the child will have been subjected to this treatment before the physician arrives. In some cases this would be indicated, while in others it would certainly be harmful. The warm bath, however (96 or 97 degrees F.), I believe, would, in most cases if not all, be useful and harmful in none. The wet highly useful have pack Ι found high fever. in cases associated with Hot applications to the feet (care being exercised to prevent burning). and if there is any fever, cold to the head will be found beneficial. Sources of local irritation should be sought for and, if found removed if possible. In this investigation the orifices of the body should be carefully examined for foreign bodies, or other sources of irritation. We should include in this investigation the mouth, nose, ear,

anus and urethra. In the male we should always look especially for an elongated and tight or adherent prepuce with retained smegma, for certainly this is often a contributing, and in some cases may even be the exciting cause of the convulsion.

The patient should be undressed and put to bed in a well-ventilated room, not too light, and only those who are to nurse the child allowed in the room, as quiet and rest are among the most essential factors of the case. Among the medicinal remedies should be included chloroform, bromides, chloral, opium, asafetida, calomel, castor oil and quinine, and in the after treatment, to build up the patient,

arsenic, iron and strychnia.

During the attack, chloroform by inhalation, I believe to be the best remedy. and if the physician is present during the paroxysm he should employ this agent. Bromides and chloral per rectum, if the child cannot swallow, are perhaps the most useful to prevent a recurrence of the convulsion. Opium in the form of the deodorized tincture, or preferably during the attack, morphia in small doses hypodermically, is a most excellent remedy. In cases associated with indigestion or ptomain poisoning, with vomiting in connection with either constipation or diarrhœa, especially where the fecal discharges are of that offensive sickening odor sometimes met with, there is nothing equal to small and often-repeated doses of calomel. followed later by a good dose of castor oil. Quinine, where there is evidence of malaria, will generally be found useful. there is reason to think that the stomach contains undigested food, an emetic by the mouth or in some cases apomorphia hypodermically, cautiously given, should be employed. Stomach irrigation may be indicated, and rectal injections, for cleansing purposes, are often very beneficial.

Permit me, in conclusion, to briefly re-

port the following cases:

About 4 p. m. on the afternoon of January 15, 1894, I was called to see S. S., male, aged two and one-half years. I found him in a stupid condition, with partial loss of motion in the left leg and arm; the right pupil was dilated and did not respond to light. On inquiry, I obtained the following history: He had been play-

ing with his brother, who was about six years old, and in some way he either fell off the door-step or was pushed off by his The evidence tended to prove brother. that he had been pushed down, but as it was only the height of one step it would seem that he could not have fallen very hard. There was no cut or bruise to be found on the head. The mother and nurse said he walked into the room where his mother was and out to the kitchen again after the fall. I had him undressed and put to bed, and external heat applied to the extremities and enjoined quiet, after which I left, promising to return later.

They sent for me again in about an hour, saying the child was dying. I found him in convulsions and he went from one into another in such rapid succession that they were almost continuous, the left side Dr. Henry Jameson was most marked. called in consultation. The child vomited an immense amount of undigested food and in the absence of any external evidence of injury, it was not thought a surgical operation was indicated. The medicinal treatment was such as is usually given in such cases, but the convulsions continued until about midnight, when they The respiration remained bad, however, the eyes were drawn and the pupils failed to respond to light. This condition continued until about 3 a. m., when he quietly passed away.

The case was reported to Dr. W. S. Beck, coroner, and an autopsy was made by Dr. Jameson and myself about ten hours after death. We found a linear fracture of the skull, of greater length on the inner than on the outer surface, on the right side, a little above and anterior to the center of lateral surface. There was no depression of the bone, and no clot or laceration of the brain or meninges, but evidence of an acute congestion about the seat of fracture. It was our opinion, and the coroner so found, that death was

due to this lesion.

The second case is as follows: F. B., male, age 12, was playing with other boys in a crowded street during a sleighing season. It was in the afternoon and the street was full of horses and sleighs, the children were "catching on" and mixing in the throng, as children usually do at such times. During the excitement this

boy was found unconscious in the street. He was carried into a neighboring store and placed on a chair, but could not sit up, and was soon seized with a convulsion, which was followed by others. carried home and physicians summoned. There was no evidence of external injury, although the circumstances under which he was found would lead one to suspect He remained unconscious for several hours, notwithstanding he was put to bed and surrounded with external heat and rectal injections given, both to move the bowels and for medicinal purposes.

He had never had a convulsion before, except when a very small child, and that was supposed to have been due to eating too many strawberries. The question of diagnosis in this case, as to the cause of the attack, was of very great interest, and the intelligent treatment of the boy depended upon the decision of the physicians, to a greater degree in this case than in the ordinary, because of the age of the patient and because of the great liability to serious injury, engaged as he was in such hazardous play. Here was a boy, 12 years of age, previously well, found lying in a crowded street, and who continued in an unconscious state for several hours, with no fever or visible marks of injury and without any history of having taken any drug which could have affected him. Suffice it to say that finally the diagnosis was rendered plain and further treatment unnecessary by the vomiting of about a pint of undigested beans.

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#### DISCUSSION.

Dr. Deming, Fort Wayne: Mr. Chairman, I should like to ask the essavist if the cases which he refers to as being affected by menstruation on the part of the mother were brought about at the time of menstruation, when the woman should menstruate, or during the period of menstruation. It is extremely rare to have a woman menstruate while nursing a child.

Dr. Wilson: It was during the period. Dr. T. B. Rankin, Odon: The index to the treatment of these cases is certainly to treat the cause. If you can arrive at the cause then you have the key to the treatment. If you have a high tempera-

ture I find that veratrum viride is a very valuable remedy. In the case of a child which we find with a high temperature and a full pulse we certainly in veratrum have a remedy which will control the temperature safely and quickly, the same as: we get in puerperal convulsions. you have controlled the convulsions the elimination of the poison is the next most beneficial thing. First control the convulsions and then eliminate by the kid-

neys, bowels and skin.

Dr. T. F. Wood, Angola: We are called in during the time of excitement of the family, and perhaps they have had the child in a hot bath, perhaps had its head covered with ice, and adopted other measures, but there is one thing I think weare entirely safe in doing, and that is to eliminate in every possible way. I think the calomel treatment the doctor speaks of We open the alimentary is excellent. canal and do it thoroughly and deplete the temperature in a safer way than we do by giving morphine or veratrum viride. fact, I have come to almost discard those potent remedies in the treatment of thedisease of infants, from the fact that I would rather do something that will do noharm; and when it comes to morphine and veratrum in these young beings, who are helpless as new-born babes, I am afraid I might do something that I wish I had not done. So that I would give calomel and castor oil and bathe them with tepid or cold water where there is high tempera-Of course, in any of those cases depending upon some organic trouble, as albuminuria, this eliminative treatment does not operate always, but it is readily commanded, easily controlled and can do noharm.

Dr. J. L. Thompson, Indianapolis: is a long time since I practiced medicine. but sometimes we have a case in which we must do something until we find out the The people want to see the child relieved as soon as possible, and there is one remedy that is very little spoken of that can be used in this trouble, and in heart disease, that the books do not speak of in this connection, and that is gelsemium. I got that from an irregular practitioner. It can be used in much larger doses than the books speak of. me what doses can be given, and I thank

him for it many a time. You must remove the cause, but you don't sometimes have time, and we must, at any rate, relieve the anxiety of the parents and sometimes gelsemium will help us very greatly in that way.

Dr. A. E. Sterne: I have found that the children of alcoholics are more especially prone to convulsions, and that the convulsions with these children are much more apt to lead up to fatal conditions in early life, if not fatal at the time.

In regard to the treatment, the eliminative treatment is undoubtedly that which is indicated. But, as Dr. Rankin and Dr. Thompson have said, something must be done at the time. I do not advocate morphia for a double reason. It merely masks the symptoms, and, secondly, it retards the process of elimination. Of the ordinary mechanical measures, the use of the bath is undoubtedly the most efficient. The hot bath is perfectly safe. It is always wise to wrap the head in a cold towel, and, second, rub the body. Don't be afraid to put your hands in. If your hands cannot stand it the baby cannot stand it eith-If you will rub the body vigorously while in the bath you will quickly bring about relaxation of the capillary system, which draws the surplus blood from the It is a hyperæmia of the brain, and not anæmia of the brain, that produces them.

Of the momentary medication Dr. Rankin spoke of veratrum viride and Dr. Thompson of gelsemium; and there is a third—aconite. Veratrum viride is a safe instant remedy. The safest we have, because if the patient gets too much it will throw it up. It is the strongest relaxant we possess, and early in the case will do much service in the trouble and in hyperæmia of other kinds, as pneumonia, where it is safe and sure, if you get a good tinc-It is indicated where the pulse is hard and full and non-compressant. Aconite is indicated where the pulse is hard and full and rapia and partially compressible, and the tincture of gelsemium acts better than either of the others where you have a full pulse, which is easily compressible. We do not use this drug here as much as in the South. The tincture, unless made from the green root, is usually absolutely worthless. While it is made from the yellow jasmine it should be made from the green root, and I have found it efficient in the convulsions of children and in later life. Calomel is by far the best remedy for the condition which brings on the convulsions, but not for the convulsions themselves.

Dr. Wm. R. Cravens, Bloomfield: Mr. Chairman, we want to get immediate relief in these cases, and, as a rule, they are dependent upon ingestæ that are decaying or fermenting. We want to remove that as quickly as possible. The little patient cannot swallow. We use baths and cold applications to the head, but for immediate relief I think a hypodermic of apomorphine is the quickest relief. It produces emesis the quickest of anything at our command.

Dr. B. H. Perce, Anderson: I feel like endorsing the remarks of Dr. Sterne. It is not so much as to what causes the convulsions, it is what to do right at the time. There is no better method than the hot bath and rubbing. The convulsion may come from worms or a green apple, but the point is to distinguish between active and passive congestion. Is it active congestion? If so, then something that will constrain the non-striped muscular fibers of the capillaries. If it is passive congestion you want something that relaxes.

Why Moffett, Rushville: Dr. you treat these cases at all? Certainly the object is to prevent the results of the And what are the results? convulsions. Destruction or impairment of the brain. is the limitation of It is the cessation of the power to breathe by pressure in the brain itself, and that is what ends the convulsion. If you have a high temperature, what is the indication? To depress it, or lessen it if possible, and one of the best instruments todo that is cold water, as it comes out of the well. Let the water trickle upon the Soon you will see an impression. made upon that child, and that impression. is indicated in the marks of nervousness. Then withdraw your agents, or use them carefully, for now the convulsion is ceas-You have a high temperature. child can swallow now, perhaps. perhaps ipecac or antimony—something to nauseate the stomach—relax the system. You lessen the impulsive power of the

heart under these circumstances and so prevent the return of the convulsion, and in preventing the return you are preventing the destruction or impairment of the brain in these cases. That is the point in our treatment, and that is the object.

Dr. C. S. Bond, Richmond: It is well known in every neighborhood that there are about fifty or sixty remedies that are The facts are reputed to cure these cases. Nature has they get well themselves. provided in the organism a general remedy for the cure of the disease, the congestion, the disease which results from ptomaines or poisons in the blood, by making the convulsion. This itself is the remedy. By shaking the body it throws the blood from the brain to the body. But by putting the child in hot water you increase the circulation; that is, you give But if you leave it it a greater fever. there long you dilate the capillaries and you drive the blood away to the brain, which is just what you don't want to do. You should leave it in the water just a short time to get the reaction. The idea is bad to put it in for a long time. You want the reaction on the skin. Cold water will do that in a short time. If the child has meningitis it will have another convulsion, for that is a cerebral disease. I think this idea is pernicious of putting the child in hot water and leaving it a long time. You get a result you do not want. Get the reaction and quit right there. Bring the blood to the surface.

Dr. C. H. McCully, Burnettsville: Mr. Chairman, I am in hearty accord with most that has been said in reference to convulsions, particularly with Dr. Sterne, of Indianapolis. It seems to me, however, that we are overlooking one phase of the treatment that is highly essential. When we get these cases a good many of these things have been applied very frequently. Castor oil has been administered, or some active cathartic. Very frequently both hot and cold baths have been employed and counter irritation to the skin. and when we reach these cases we find the mother excited and everybody thinks the baby is going to die. If you want to relieve the baby quickly and earn the gratitude of the mother, give it a few whiffs of chloroform and it relaxes right away.

Clear out the bowel, and if the child has ingested some irritating material, clear out the stomach by the use of the stomach tube.

Dr. Bruner, Greenfield: It seems to me the proper thing to be done is to relieve the spasm by a few whiffs of chloroform, and then employ the stomach tube and colonic flushing. I had in my early experience as a physician a number of cases of convulsions, and the thing that impressed me most was that convulsions in children mean some error in diet and a loaded Convulsions in the adult usually mean kidney trouble. But convulsions in children are promptly relieved, and you are doing the right thing and the prompt thing if you will carry your long colon tube with you, and in addition to relieving the spasm by chloroform, clear out the bowel.

Dr. A. E. Sterne, Indianapolis: I simply arise one moment on account of what Dr. Bond said. There is a misconception about the hot bath. Dr. Bond is right when he says we should not leave it in the That goes without hot bath too long. saying, but if you want to reduce the temperature quickly get the blood to the surface, and you will find it disseminates as water does from the surface of the earth. Furthermore, never give the hot bath without rubbing the body and putting the head in the iced towel. That will prevent the blood from going to the head. Never, as I said before, give the hot bath without preventing the relaxation of the blood vessels of the brain by the use of the iced If you want to reduce the temperature further, clear out the colon and then fill it with cold water and leave it, and you will find the temperature is reduced After you have gained very markedly. your relaxation of the circulation keep it If you have to give another hot bath If you want to give a cold bath do do it. But, as a rule, these children cannot bear cold baths as well as hot, especially where you keep up the rubbing and the cold to the head, and as to the extremities, put on a mustard draft, and not only on the feet, but on the legs. But the hot bath will do the work if you will rub the body and keep the head cool.

Dr. A. L. Wilson: I thank the gentlemen for their kind discussion of the pa-

per. I tried to make plain in that paper the importance of eliminating from the bowel and stomach all undigested matter, and also that the kidneys should be looked In regard to the use of morphine, I certainly would not give it to a child two or three days old, but in a strong child, a year or more old, if I thought it best to give it for clonic convulsions I might give it to prevent a recurrence, in the meantime looking out for the cause of the convulsion. In replying to Dr. Bond's criticism, I understood him to say that the convulsion was beneficial. I wouldn't like to say that to the parents. I prefer it to cease. I prefer to give some chloroform and look after the cause of the convulsions and then treat it. I thank you all for the kind discussion my paper has received.

### THE TREATMENT OF DISEASES OF THE STOMACH.

(e) Diet.

#### BY ALOIS B. GRAHAM, A. M., M. D., INDIANAPOLIS.

It was Abernethy who said, "that civilized man eats and drinks an enormous deal more than is necessary for his wants and welfare. He fills his stomach and bowels with food which actually putrefies in these organs." Hoffman says, "Everyone has the stomach which he deserves." Such statements do a great injustice to a large number of persons. While some men are large eaters, others are small eaters; while some men can eat anything with impunity, others find that they cannot digest certain articles of food at all, or, if they do, it is only after slow and perhaps painful efforts of the stomach to dispose of them. Every physician has had patients, who take the greatest possible care of their stomachs, and yet they are unable to prevent an attack of acute or chronic gastritis, which could in any way have been surmised beforehand. Just as some patients are affected with a predilection toward catarrhs of the nose and throat, there are many persons who have a kind of predisposition to digestive disturbances; and in some I believe that this predisposition is decidedly hereditary.

There are persons who are tormented

every few days with some gastric disturbance. By experience, some of them learn that by exercising the greatest possible care in the choice of food, and by observing rigid rules as to quantity and regularity, they can prevent these attacks. However, an acute attack will follow the slightest transgression from these rules. I shall not attempt to explain why "one man's meat is another's poison." But if by experience a patient discovers that a certain food gives him flatulent colic, or another food gives him cholera morbus, or another brings on gout, or another produces an urticaria, he will escape many hours of torture if he will remember these facts and regulate his diet accord-

In the treatment of diseases of the stomach we do not possess any general dietetic cure. The disease as well as the patient must be considered. Each case is a law unto itself. We do not see any two patients that are alike in their habits, customs, constitution and state of nutrition. They will also differ in the details of the disease. It is impossible for the physician to lay down fixed and invariable rules for the dietetic treatment of any disease of the stomach. But through our more accurate and complete knowledge of digestion and nutrition, and of the various foods, a rational diet is to-day possible.

In the dietetic treatment of diseases of the stomach it is essential that the physician carry out two distinct indications:

First—Sufficient food must be administered to provide for the nutritive wants of the body.

Second—The food that is given must be adapted, both in quantity and quality, to the digestive capabilities of the patient.

The ideal diet table should specify:

1. A list of forbidden and permitted

A list of forbidden and permitted articles of diet.
 The quantity to be taken each meal.

3. The manner in which the food is to be prepared.

4. The exact time when each meal should be taken.

Boas recommends that explicit written directions be given to each patient after the diagnosis has been made concerning:

1. Exact time of meals.

2. An exhaustive account of articles of diet and luxury that are allowed.

3. An exact statement of the weight and measurements of foods and beverages.

4. Brief instructions on the preparation of the food, temperature of drinks, seasoning, etc.

5. Special account of foods that are forbidden.

In making out a list, specifying the forbidden and permitted articles of diet, physicians are apt to curtail unreasonably the diet of their patients. Never forbid any article of diet unless there is a distinct reason based upon the pathological aspect of the case, why it should not be Again, avoid prescribing a diet that is likely to prove monotonous, as it may easily induce a loathing of food or a temporary loss of appetite. Since digestive disorders are frequently the result of either crowding all the meals into a short space of time, or allowing too long intervals to elapse between them, it is of the greatest importance that the diet table should specify the exact time when each meal should be taken. Especially is this true with our American business men with whom it is a common practice to sacrifice meal hours to business. The hours for meals should be religiously observed. In some diseases, small meals, frequently repeated, will be required. In others, long pauses of rest between the meals are necessary. In many cases it is impossible to state a priori how much digestive work and how much rest any particular stomach may require. It is only after prolonged study and the making of chemical tests of the various gastric functions that the physician can give correct instructions.

In order to understand the scientific adaptation of diet to disease of the stomach, we must make ourselves familiar with the theoretical dietetic treatment of the following groups:

First—Those cases in which there is an alteration in the quantity and quality of the gastric juice.

Second—Those cases in which the motor activity of the stomach is abnormal.

There may be an increase or decrease in the quantity or the acidity of the gastric juice. Where there is an increase we shall naturally expect to find that albumin is readily dissolved and that there is an in-

terference or delay in the digestion of starch and fats. The excess of acid exhibits the action of both the salivary and pancreatic diastase in their action on starch. As regards the fat, the continual production of acid precipitates the essential constituents of the bile in the duodenum, and thus interferes with its fat digesting activity. Under such conditions, therefore, common sense tells us that we may give as much meat and albumin in the diet as we like, but that we must limit the amount of starch and fat to the minimum, absolutely necessary for the nutriment of the organism. Before administering the starch it should be converted as far as possible into sugar. We must exclude entirely from the dietary, vegetables containing much cellulose, such as cabbage, lettuce, carrots, etc.

In cases where there is a decrease in the quantity and acidity of the gastric juice, the digestion of albumin is carried on vicariously in the duodenum. However, as the food is passed through the stomach almost unchanged, it will require a much longer time. Again, the presence of masses of undigested food remaining for some hours in the stomach will give rise to various subjective sensations of pressure or pain.

On the other hand, the digestion of starch will be improved from the fact that the salivary diastase is unneutralized in the stomach, and continues to act through the whole period that food remains in the stomach. We must, therefore, reverse our measures, and limit the ingestion of meat, and peptonize that before giving it. We can with impunity increase the quantity of starchy food. We must limit the quantity of food and drink which can readily ferment since the antiseptic action of the hydrochloric acid will be diminished.

In atonic conditions of the walls of the stomach we should avoid over-taxing the lax muscular tissues. We must order food that is rich in albumin and poor in water. We must order it in small quantities and at frequent intervals. That the stomach should not be overloaded with liquid is of the utmost importance. We are fortunately able in very severe cases to give nearly all the liquid required by the organism in the form of enemata.

To be of easy digestibility food substances must:

- 1. Offer only a slight resistance to the digestive juices—they must be of easy solubility.
- 2. They must not excessively irritate the digestive organs, either mechanically or chemically.
- 3. They must not impede or accelerate peristalsis.
- 4. They must not increase the processes of fermentation or putrefaction.
- 5. The greater portion of the substance must be absorbable either in the stomach or the intestines.

Admitting that stomachs vary in digestive capacity, we may in a manner classify foods into good, bad and indifferent, or easily digestible, moderately digestible and undigestible. But before we can prescribe a rational diet list, we must make a most careful chemical examination of the stomach contents. We must know whether the secretion of gastric juice is normal, increased or decreased. Further, we must know as to whether the motor activity of the stomach is normal or impaired.

In the dietetic treatment of diseases of the stomach every physician should be familiar with the following facts:

1. That food is the most powerful

physiological remedy.

- 2. That the diet must be varied and adapted to the conditions of secretion, motility, absorption and sensibility of the stomach.
- 3. That the object of a diet is the nourishment of the patient and the exertion of a remedial influence over the disease.
- 4. That it is never an object to reduce the weight and strength of the patient.
- 5. That no food should be forbidden, except that there are actual facts founded on experiment, the nature of the disease or the idiosyncrasies of the case, proving it to be harmful.
- 6. That if the diet is correct the discomfort, of which the patient complains, will be relieved and there will be no loss of strength and weight.

The subject—"dietetics in the treatment of diseases of the stomach"—cannot be considered fully in one article. However, in this, as in my preceding articles, my aim has been to preesnt those points

which are practical and will prove of interest to the practitioner. In conclusion I wish to say that, in the treatment of diseases of the stomach, whether this treatment be by drugs, lavage, electricity, massage or diet, or whether it be by a combination of two or more of these methods—we must first make a correct diagnosis before we can hope for or expect to establish a successful therapy.

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#### AQUEOUS EXTRACT OF THE SUPRA-RENAL GLAND.

A Clinical and Experimental Study of its Local Use.

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[Abstract from Merck's Archives.]

Not until recently, however, has the adrenal been shown to possess remarkable powers as a hemostatic and vaso-motor constrictor, and it is here desired to formulate the results obtained by the local use of the aqueous extract of this gland in a series of individuals, for the purpose of determining, as far as possible, its value.

In 1897 Velich stated that a marked pallor was produced when a solution of adrenal was dropped in the eye, or when it was placed on granulated surfaces, as eczematous patches, etc., while Bates from his studies concluded that as a pure astringent in all inflammations, as a hemostatic and as a tonic to muscle fibers, no therapeutic agent has been employed which can compare with the extract of the suprarenal gland.

Lawandowski found that when an aqueous solution was injected into the veins of cats, there resulted dilatation of the pupils, orbital protrusion and raising of the eyelids, symptoms indicative of irritation of the sympathetic ganglia of the The physiologic results appeared very rapidly, lasted but a short time, and indicated strongly that the action of the drug was exerted peripherally. There also takes place, as shown by Cyon, an enormous rise of blood pressure, apparently depending upon stimulation of the vaso-constrictor nerves, the cerebral centers and the ganglia in the blood vessels. Cyon also found that the extract was a powerful stimulant to the sympathetic nervous system of the heart and the vessels (accelerators and vaso-constrictors), and it had a paralyzing action upon the regulator nerves of these organs, as well as upon the vagus. Oliver and Schafer showed that the rise of blood pressure occurs after the cord has been sectioned high up and the medulla has been destroyed; proving that it is the result of the direct action of the extract upon the muscular fibers of the heart, blood vessels or both. It can readily be appreciated from these results that its local action is marked; so much is this so, that from clinical and experimental studies, one is forced to acknowledge that it is immeasurably superior to any local astringent that we possess.

In operations upon the upper respiratory tract, a two per cent. cocaine solution followed by adrenal extract, will produce complete anesthesia, the adrenal contracting the vascular channels and retaining the cocaine in the tissues. Thus if the drug did nothing else, it would be of great value in eliminating the dangers of cocaine poisoning when used for local anesthesia, especially where absorption takes place rapidly, as in the urethra and nosc. The solutions are non-irritating, possess no deleterious after-affects and may be repeatedly used on the same individual without losing any of their power, no injurious effects being observable on the tis-No danger of contracting a habit can exist, as the action of the drug is purely local; the vascular contraction being so great that absorption is for the time prevented.

The chief objection to the practical use of the extract is the difficulty of obtaining a stable solution that will retain its full power and yet remain sterile. With this view in mind, a number of formulas were used in several hundred cases and for varied purposes, and it was found that such a solution could be prepared, retaining its efficiency and remaining undecomposed for several weeks. The aqueous solution is made by macerating ten grains of the desiccated extract in one dram of sterile water for ten minutes and filtering. This makes a clear solution of a light brown color, with a slight animal odor, and at a temperature of sixty degrees to seventy degrees Fahrenheit, will resist putrefaction from twenty-four to fortyeight hours. Glycerin in from ten to twenty-five per cent. will prevent putre-faction for several days, and when the glycerin solution is placed in the nares and allowed to remain for five minutes, the parts are rendered bloodless, while the lumen of the minute arterioles is entirely obliterated; the action being limited only to the parts with which the drug came into contact; in other words, the action of adrenal extract does not extend beyond the point of contact as does cocaine, but is definitely limited to a given area.

When applied to a mucous membrane, the parts are shrunken and rendered absolutely bloodless, this action being well shown in a case of vaso-motor rhinitis, a male, age 18 years, where the turbinal tissue completely occluded both nasal chambers. Adrenal was applied, and in five minutes no trace of obstruction existed. It was found that adrenal solution, when applied to an inflamed mucous membrane, will produce absolute blanching in five minutes, marked action being shown at the end of three minutes.

The activity of the extract is not impaired by prolonged boiling, and may be repeatedly sterilized in this manner, while a solution composed of ten grn. of adrenal to one dram of water and boiled for several hours, and filtered, will remain perfect for one week or more. The following formula used by Ingals will remain undecomposed from three to five weeks:

Adrenal, 15 grn.; boric acid, 4 grn.; cinnamon water, 1 dr.; camphor water (hot), 2 dr.; boiling water, p. s. ad ½ fl. oz. Macerate four hours; filter.

This is useful in mild congestions to reduce swelling and contract the peripheral arterioles, but it cannot be depended upon to control hemorrhage or subdue active inflammation.

With this solution, bleeding from the nasal septum was controlled immediately and the parts absolutely blanched without the further appearance of a trace of blood.

When it is desired to control inflammation or bleeding and produce anesthesia of the mucous membrane, and as a valuable local application in hay fever, the following formula will be productive often of marvelous results:

Adrenal, 20 grn.; phenic acid, 2 grn.;

eucaine B, 5 grn.; distilled water, 2 dr. Macerate ten minutes; filter.

This solution is permanent, will not decompose nor lose its physiological activity for several months. In a boy of fourteen years, with severe epistaxis, the blood pouring from both nostril and mouth, the solution was applied to the mucous membrane of the nose, and within two minutes all evidence of hemorrhage had disappeared, and what was formerly a bleeding area was completely exsanguinated and the vessels firmly contracted.

It is evident from the tonicity of the tissues after the adrenal has been used that the drug is a muscle tonic, the question being whether this action is exercised directly upon the muscle protoplasm itself or upon the nerve centers, and from my experience I am inclined strongly to the opinion that the former is the correct explanation. No effect whatever is observed on the unbroken skin, and in no way does the drug produce local anesthesia, but it increases to a great extent the anesthesia of other agents by retaining them in the tissues.

When used to prevent hemorrhage in operative procedures it should be applied to the parts desired, then cocaine applied and the adrenal again repeated. The parts so treated become absolutely blanched, totally anesthetic, and vessels of considerable size may be incised without bleeding. Mullen says that adrenal modifies the post-operative swelling, accomplishes a more rapid healing of the parts, and minimizes the danger of secondary hemorrhage.

In acute inflammations of the tympanic membrane and middle ear, and in all conditions of the external canal with the presence of granulation tissue, the drug has a wide field in reducing congestion. In a girl of twelve years, with chronic and suppuration and bloody discharge for two years, due to a mass of granulation tissue. the application of adrenal solution was followed by cessation of the hemorrhage and a marked change in the character of the discharge, and, of still greater import, the constricting action was so decided that the granulation tissue entirely disappeared. Thompson has also called attention to this and recommends it for the reduction of exuberant granulation tissue.

In the nose adrenal has its widest application in acute congestions and in "certain chronic conditions of the hay fever type, where redundant tissue seems apt to develop," and is of immeasurable value in controlling the acute paroxysms of hay fever. Vascular engorgement can always be relieved by the drug, and it is of much service in aborting an attack of acute coryza by contracting the turgescent tissues; and, finally, what were formerly major operations, on account of the profuse blood flow, are now no longer so, as primary hemorrhage cannot occur and secondary hemorrhage is much less liable to take place.

Upon the cases used to demonstrate the value of the spray of adrenal, marked blanching and contraction of the mucosa and blood vessels occurred almost instantly, every part with which the solution came in contact undergoing this change; the effect upon acute inflammations being marked, as in a few seconds the membrane was anemic and every trace of inflammation had for the time being disappeared

The following conclusions are suggested by my experience with this drug in the lower animals, and four hundred and fifty cases in hospital and private practice:

- 1. The aqueous extract of the suprarenal gland is the most powerful astringent and vaso-motor constrictor that we possess.
- 2. Its action is peripheral, is exerted directly on the vessel walls and basement membrane, and is limited only to the parts with which the drug comes in contact.
- 3. Is non-toxic, non-irritating, cannot produce a vicious habit, and may be repeatedly used on the same individual without losing its power.
- 4. It prevents to a marked extent the toxic effects of local anesthetics by retaining them in the tisses and preventing absorption.
- 5. The aqueous extract readily decomposes on account of the large amount of animal matter present, but the degree of putrefaction in no way impairs the physiological activity.
- 6. It first blanches and then contracts mucous tissues, and will subdue active or passive inflammation.
  - 7. Its activity is not impaired by boil-

ing and it may be repeatedly sterilized in this manner, while carbolic acid will preserve the solutions indefinitely and in no way impair their value.

8. It will prevent primary, and greatly lessen danger of secondary, hemorrhage.

9. Its action is manifested in twenty seconds, attains its maximum in five minutes, and lasts from one and one-half to twenty-four hours.

10. It increases the tonicity of the parts, augments the action of other drugs, especially cocaine, and diminishes post-operative swelling.

11. Markedly restricts exuberant granulation tissue wherever situated.

12. Finally, diminishes secretion and aids in more rapid healing.

#### CONCLUSIONS REACHED AFTER A STUDY OF TYPHOID FEVER AMONG THE AMERICAN SOLDIERS IN 1898.\*

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It is well known that typhoid fever prevailed extensively among American soldiers assembled at state and national encampments during the brief war between the United States and Spain in 1898. In August of that year a board, consisting of Major Walter Reed, U. S. A.; Major E. O. Shakespeare, U.S. V., and the writer, was appointed at the request of the Surgeon-General of the United States army for the purpose of ascertaining the causes of the existence and spread of typhoid fever in the national encampments, and of suggesting means of its abatement. In accordance with instructions, this board visited the national encampments and inspected most of the regiments. While doing this we interviewed medical and line officers, and obtained as far as possible the sanitary and medical history of each regiment. After completing this tour of inspection, we spent about eighteen months in going over the medical records of these commands. In this work we have accumulated a vast amount of information, which we have embodied in our final report to the Surgeon-General.

much of this information may be useful to the profession, and as the report is not likely to be published soon, I have concluded that I cannot do better than present some of the important results reached in this investigation. In doing this, I wish to state that I am responsible for any failure that I may make in these statements, as this paper has not been submitted to my colleagues on the board. It will be necessary for me to condense my remarks in the form of conclusions, stated somewhat dogmatically and dependent on the full report for further clucidation. Those conclusions I will proceed to give you as follows:

1. Every regiment in the United States service in 1898 developed typhoid fever.—This is true of both volunteer and regular commands. I am aware of the fact that some regiments have claimed freedom from typhoid fever, and it is true that the sick reports of more than one command failed to show any evidence of this diseace; but by carefully tracing the sick to hospitals we have been able to find one or more cases of typhoid fever in every regiment.

2. More than 90 per cent. of the volunteer regiments developed typhoid fever within eight weeks after assembling in the state encampments.

It is impossible to fix any exact date on which the several regiments assembled at their state encampments. However, as the first call for troops was issued April 20, 1898, it must follow that at the earliest all regiments assembled at state encampments during the last week of that month. Bearing this is in mind, our report will show that the great majority of the volunteer regiments developed one or more cases of typhoid fever within eight weeks after assembling at the state encampment.

3. Most, probably all, of the regular regiments developed typhoid fever within less than eight weeks after going into camp.

When war with Spain was proclaimed, the total strength of the standing army of the United States was 27,000 officers and men. These troops were scattered at about 100 military garrisons. All of the soldiers were well housed, and their quarters were, from a sanitary standpoint, in good condition. At each garrison, the

<sup>\*</sup>Oration on State Medicine before the Fifty-first Annual Meeting of the American Medical Association at Atlantic City, N. J., June 5 to 8, 1900.

water supply was above suspicion, and the disposal of waste was such as not to endanger the health or the life of the soldiers. There was no epidemic at any post, and the army was reasonably free from infectious diseases except those of venereal origin. The number of cases of typhoid fever among the 27,000 officers and men during the first four months of 1898 was distributed as follows: In January, 9 cases with 1 death; in February, 3 with 1 death; in March, 4 with no deaths; in April, 6 with 1 death. During the last week of April and the first week of May, 1898, the regular regiments were assembled in national encampments and placed under canvas.

4. Typhoid fever not only appeared in every regiment in the service, but it became epidemic, both in the small encampments of not more than one regiment, and in the larger ones consisting of one or

more corps.

The statement has been made that the epidemics of typhoid fever in our national encampments in 1898 were due to crowding together large numbers of men. The Third North Carolina Volunteer Infantry, at its isolated post at Fort Macon, N. C., developed typhoid fever before it was sent to Knoxville, where it became a part of the Second Division of the First Army Corps.

The Fifteenth Minnesota, at its regimental encampment at the Fair Grounds at St. Paul, Minn., and the Thirty-fifth Michigan, at Island Lake, Mich., developed epidemics of typhoid fever. Other instances might be cited, but these suffice to show the truth of the statement that the disease became epidemic in small as

well as large encampments.

5. Typhoid fever became epidemic in camps located in the Northern as well as in those located in the South States.

Some medical officers have placed stress on the fact that Northern men were transferred to the Southern States in the summer time, and have attached considerable importance to the influence of non-acclimatization in the production of the epidemics of typhoid fever. In answer to this, we need only call attention to the fact that the Fifteenth Minnesota, Thirty-fifty Michigan and the Two Hundred and Third New York furnished large numbers

of cases of typhoid fever, practically all of which developed before they crossed the Mason and Dixon line. There is nothing more certain than that the prevalence of typhoid fever among the troops in 1895 was not due to geographic location.

6. Typhoid fever is so widely distributed in this country that one or more cases are likely to appear in any regiment with-

in eight weeks after assembling.

We have no reliable data concerning the extent to which typhoid fever prevails in this country, but from the number of deaths due to this disease we can fairly estimate the number of cases. The following figures may give us some idea as to the chance of infected men being found in each volunteer regiment. In making these calculations, we will figure on the number of cases of typhoid fever in New York City. This city is selected because it is not subject to epidemics of this disease, and in fact is believed to be unusually free from it. Supposing that typhoid fever is no more deadly there than it is in Hamburg, and there is no reason for believing it is, then 299—the number of deaths from typhoid fever in New York City in 1897—is about 7.5 of the total number of cases of typhoid fever that occurred in that city in the year given. On making this computation, we find that there probably were 3,986 cases of typhoid fever in New York City in 1897. It is safe to say that at least four-fifths of the cases of this disease occur in individuals of military age-between 18 and 45. This means that in 1897 there were in New York City 3,188 cases of typhoid fever among those inhabitants who were from 18 to 45 years of age. The government census for 1890 gives that city's population at that time as 1,515,301. A police census made in April, 1895, indicated a population of 1,849,866. I will be liberal in my calculation and suppose that its population in 1897 was 2,000,000. round numbers, the number of people between 18 and 45 years of age is one-half the total population. On this basis, the number of people of military age in New York City in 1897 may be placed at 1,000,000—this includes both males and females. Had this 1,000,000 people of military age been divided into regiments of 1,300 each, they would have furnished 769 commands. We have seen that the number of cases of typhoid fever there among people of military age was probably 3,188, and if these had been evenly divided among the regiments of 1,300 each, each command would have contained at least four persons who in all probability would develop typhoid fever during the year.

7. Typhoid fever usually appears in military expeditions within eight weeks

after assembly.

The following quotations taken from a paper on "Enteric Fever in Camps," by Surgeon-Captain Davies, assistant professor of hygiene at the English Army Medical School, illustrates the above statement:

"In the Zulu war, which commenced at the end of December, 1878, fever appeared at the headquarters at Helpmakaar, and at Borke's Drift, in the middle of February, accompanied by diarrhea and dysentery; the fever was thought to be bilious remittent," or 'enteric,' or a mixture of both. Helpmakaar became so unhealthy that the troops had to be moved to Utrecht and Dundee. Epidemics of enteric fever immediately broke out at both of these places.

"In the Afghan campaign of 1878-1880 it is noted that cases occurred at almost all the stations occupied by European troops stretching from the Indian frontier to Kabul and Kandahar. Some of these posts had probably never been occupied before, and many of these cases were quite

isolated.

"In the Egyptian expedition of 1882 there was great prevalence of bowel complaints, from the first landing of the troops in the latter part of July—diarrhea, dysentery and fever. Enteric fever occurred very soon, both at Alexandria and at Ismailia. When the troops arrived at Cairo the disease increased gradually, but did not reach any great prevalence until October and November. During October, November and December, out of a total of 319 deaths, no less than 223 were due to enteric fever.

"In the Nile campaign, in 1884-1885, a great number of isolated posts were occupied, extending over a large tract of country. Enteric fever occurred at all or

nearly all of these posts, most severely at Assouan and Wady Halfa."

I have brought in these quotations in order to show that typhoid fever generally appears in military expeditions. Similar experiences are recorded in the history of mining camps in the various parts of the world.

8. The miasmatic theory of the origin of typhoid fever is not supported by our

investigations.

There are still some who believe that typhoid fever is due to a poison or miasma given off from the earth in gaseous form. I would not mention this obsolete theory were it not for the fact that while inspecting the camps we found intelligent medical officers who believed that some intangible local condition inherent in the place was an important factor in the production of the epidemic.

9. The pathogenic theory of the origin of typhoid fever is not supported by our

investigations.

Murchison proposed this theory of the origin of typhoid fever. This author makes the following statement: "Typhoid fever may be generated independently of a previous case of fermentation of fecal, and perhaps other forms, of organic matter." Translated into terms of modern medicine, this theory is founded on the belief that the colon germ may undergo a ripening process by means of which its virulence is so increased and altered that it may be converted into the typhoid bacillus, or at least may become the active agent in the causation of typhoid fever. Many French, English and American army medical officers believe that typhoid fever may originate in this way. Rodet and Roux, of the French army, have stated their belief that outside of the body the colon bacillus acquires "typhigenic" properties. Surgeon-Captain Davis has expressed his belief in this theory, and some of the medical officers in the American army have also given it their adhe-

I believe that the results of our investigations controvert this theory conclusively. In the first place, we have been able to show that the specific poison of typhoid fever was introduced into every one of our national encampments, and, with the disease as widespread as it is in this coun-

try, I believe that we have good reasons for the claim that one or more men already specifically infected with typhoid fever enlisted in nearly every command. There is, therefore, no necessity of resorting to the theory that the colon bacillus may be converted into the typhoid germ. Moreover, all the known facts of experimental bacteriology are at variance with this theory. So far as the supposition that simple diarrhea may develop into typhoid fever is concerned, I may state that in my opinion our investigations conclusively prove that this is not true. The history of typhoid fever in every encampment shows not only that this disease was not evolved from simple diarrhea, but as a rule the men who had diarrhea did not subsequently develop typhoid fever. This subject will again be considered.

10. Our investigations confirmed the doctrine of the specific origin of typhoid

fever.

As has already been stated, we have been able to trace the introduction of typhoid fever into every one of our national encampments and into the majority of the regiments. In the case of a few commands about which there is some uncertainty as to the men bringing the typhoid infection from their homes, I may state that in all of these there was ample opportunity for the introduction of the specific poison from other commands.

11. With typhoid fever as widely disseminated as it is in this country, the chances are that if a regiment of 1,300 men should be assembled in any section and kept in a camp, the sanitary conditions of which were perfect, one or more cases of typhoid fever would develop.

I have already stated my reasons for belief in the above given proposition. In such a camp, however, the disease would not become epidemic, and ultimately it should disappear altogether.

12. Typhoid fever is disseminated by the transference of the excretions of an infected individual to the alimentary

canals of others.

It is more than probable that many individuals may for awhile carry and eliminate the specific bacillus of typhoid fever without themselves developing the disease. Later I will make some statements concerning the probable proportion of men who are immune to this disease.

It is now a well-known fact that persons who have recovered from typhoid fever may for a long time continue to carry and excrete the specific poison. It has also been shown that the longevity of the typhoid bacillus, both inside and outside of the body, is much greater than is generally supposed.

13. Typhoid fever is more likely to become epidemic in camps than in civil life because of the greater difficulty of disposing of the excretions from the human

body.

This proposition is so self-evident that it needs no lengthy argument to support The influence of the introduction of sewers into cities in decreasing sickness from this disease is well known to every student of sanitary science. Moreover, since the disease is disseminated by the transference of the excretions of an infeeted individual to the alimentary canals of others, it must follow that the more thoroughly and completely the excretions are removed from the vicinity of habitations the less will be the danger of infecting the inhabitants. In fact, the whole question of the prevention of typhoid fever in armies is largely one of the disposition of the excretions. Later I will give figures to show that the prevalence of typhoid fever in certain camps was in direct proportion to the thoroughness with which the excretions were removed from the vicinity of the camps.

14. A man infected with typhoid fever may scatter the infections in every latrine of a regiment before the disease is recog-

nized in himself.

The elimination of typhoid bacilli from the bowels probably begins soon after infection. If this be true, during the entire period of incubation an individual may be a source of danger to others. Moreover, in most instances of typhoid fever the disease is not recognized during the prodromal stage, and during this time the excretions may be laden with typhoid bacilli. It must be evident from this that the only way in which typhoid epidemics can be with certainty prevented in armies is by the complete disinfection of the stools of all, both the sick and the well.

15. Camp pollution was the greatest sanitary sin committed by the troops in

1898.

In our history of the different regiments

given in our report, we have had too frequent opportunity to call attention to the fearful pollution that existed in many camps. We have stated that fecal matter was deposited on the surface about the camps of Chickamauga and at other national encampments. Much of this filth must have been specifically infected with typhoid fever. Sinks were frequently overflowed by heavy rains, and their contents were distributed on the adjoining surface. I can not here dwell on this point, and must refer for particulars to regimental records given in our report.

16. Some commands were unwisely lo-

cated.

While there is no evidence that many of the places selected for national encampments could be called unhealthful, it is true that some of them were not suited for camp sites. It was quite impossible to keep camps in, a sanitary condition at the location for a while occupied by one brigade of the Fourth Army Corps near Fort Tampa, Fla. On account of the nature of the ground and the surroundings, Palmetto Beach was certainly a very unsuitable location for a permanent camp. Some regiments at Chickamauga, as we have shown in our report, were so located that they received the drainage of other regimental camps. There was certainly no sufficient excuse for this.

17. In some instances the space allotted

the regiments was inadequate.

This was true of more than one command at Chickamauga. For instance, the One Hundred and Fifty-eighth Indiana was forced to contract its lines to half the regulation distance, and then it was only fifty feet distant from the Sixth Ohio. The sinks of the last-mentioned regiment and the kitchens of the First West Virginia were only twelve or fifteen feet apart. I am forced to conclude from this and numerous other similar examples that there were line officers in the First and Third Army Corps whose efficiency might have been enhanced by some knowledge of camp hygiene.

18. Many commands were allowed to

remain on one site too long.

There were regiments at Chickamauga that did not move a tent from the time of arrival in May until that of departure late in August.

19. Requests for change in location

made by medical officers were not always granted.

As an illustration, I will refer to the official records of the Fifth Pennsylvania. This command reached Chickamauga Park on May 20th, and was unfortunately located on low ground. Requests for change in location were repeatedly sent in during June and July. The earth became muddy, the camp received the washings from other camps above, the sinks rapidly filled with water and overflowed, and yet requests for change in location were unheeded until August 12th, when the regiment was allowed to occupy a new camp two miles to the west and on a higher piece of ground.

20. Superior line officers cannot be held altogether blameless for the unsanitary

condition of the camps.

As we have already seen, some of the regiments were improperly located from a sanitary standpoint. This was done by superior line officers, and sometimes in the face of protests from the medical officers. We have also seen that requests for change in location were disregarded and regiments were allowed to occupy one site for too long a time. In general the camps became very filthy. It must therefore be admitted that line officers were to some extent responsible for the condition of the camps under their command. The medical officers can only recommend; the line officer may command.

21. Greater authority should be given medical officers in matters relating to the

hygiene of camps.

22. It may be stated in a general way that the number of cases of typhoid fever in the different camps varied with the method of disposing of excretions.

This is well illustrated by the methods of disposing of fecal matter and in the number of cases of typhoid fever in the three divisions of the Seventh Army Corps. The First Division was most uncomfortably located at Miami, Fla., from the last week in June until the second week in August. On the last-mentioned date it was removed to Jacksonville, where it joined the other divisions. During a part of its stay at Miami, and during the entire period of its encampment at Jacksonville, water-carriage was employed for this disposal of fecal matter. In the Second Division the tub system was employed.

By this method infected fecal matter was scattered all through the camp. In the Third Division regulation pits were used. The number of cases of typhoid fever was smallest in the First Division and greatest in the Second Division.

23. The tub system of disposal of fecal matter as practiced in the Second Division of the Seventh Army Corps is to be condemned.

Of all the methods for this disposal of fecal matter practiced in the national encampments in 1898, I regard this as the most unsatisfactory.

24. The regulation pit system is not a satisfactory system of disposing of fecal

matter in permanent camps.

Especially is this true in hot weather. It is a very difficult thing to have soldiers appreciate the necessity of keeping fecal matter covered. As I have elsewhere stated, in many camps orders were issued requiring each man to cover his stool as soon as deposited, but we did not inspect the pits of a regiment in which we did not find exposed fecal matter. Moreover, in the camps in 1898 flies swarmed so numerously that the first droppings of fecal matter were often covered with them before the act of defecation was completed.

25. Our board has recommended that in permanent camps where water-carriage cannot be secured, all fecal matter should be disinfected and then carted away from

camp.

For this purpose we have made a special recommendation that galvanized iron troughs containing milk of lime be used for the reception of all fecal matter, and that the contents of these be removed daily by means of the portable odorless exca-I am aware of the fact that this method of disposing of fecal matter will be attended with increased cost, but I am confident that it will greatly lessen the number of cases of typhoid fever. These troughs and the method of using them have been fully described in our report. I believe that there is no question pertaining to army hygiene of greater importance than that relating to the method of disposing of fecal matter. The way in which this is done largely determines the number of cases of typhoid fever that will develop in any command.

26. Infected water was not an import-

ant factor in the spread of typhoid fever in the national encampments in 1898.

There probably were local water supplies that became specifically infected with the typhoid fever bacillus, but infected water was not the great factor in the causation of this disease. It is possible that the piped water at Chickamauga Park became specifically contaminated. Certainly the location of the intake pipe in Chickamauga Creek, so near the junction of that stream with Cave Spring Branch, which drained many of the camps, was not justifiable, and it hardly seems possible that the piped water wholly escaped contami-However, that even at Chickanation. mauga infected water was not the chief factor in the spread of typhoid fever is shown by the fact that regiments that did not drink this water also became widely infected with the disease, and it is furthermore demonstrated by the fact that the spread of typhoid fever continued after the regiments had been removed to Knoxville, Tenn., and Lexington, Ky., at both of which places the water supply was above suspicion. It is also probable that some of the local water supplies at Chickamauga became specifically contaminated. This might have been true of the wells from which the regiments of the Second Division of the First Army Corps for a while drew their supply. The location of the Jay's mill well, for instance, was such as to receive the drainage from typhoid fever infected camps near it, and it is not likely that this water escaped specific contamination. I am also inclined to attribute the greater prevalence of typhoid fever in the Third Army Corps to the fact that the sites covered by the regiments of this furnished many wet weather springs, which in all probability were specifically contaminated. That the water was not infected at Jacksonville seems to be beyond qestion. The supply came from artesian wells more than 1,000 feet deep, and was distributed through the camps by means of pipes. In August and September of 1898, there were in round numbers at Jacksonville 30,000 civilians or inhabitants of the city, and the same number of soldiers in camp near it. Both civilians and soldier drank water from the same source. There were only a few sporadic cases of typhoid fever in the city at a

time when each of the three division hospitals was receiving a score or more of patients with this disease each day. same conditions existed at Knoxville. Here the soldiers obtained their water supply from the pipes that furnish West Knoxville. We satisfied ourselves, from an inspection of the health officer's records, that there were no cases of typhoid fever among the citizens, and at that time there were hundreds of cases among the soldiers. At Camp Alger, certain local water supplies probably became contaminated, but there is no evidence that this was generally true. Each regiment obtained its supply from a bored well, and while there was some question about the wisdom of a location of a few of these, the majority were so situated and so constructed that infection seemed well-nigh impossible. The same was true of the water supply at Camp Meade.

27. Flies undoubtedly served as carriers of the infection.

My reason for believing that flies were active in the dissemination of typhoid fever may be stated as follows: a. They swarmed over infected fecal matter in the pits and then visited and fed on the food prepared for the soldiers at the mess tents. In some instances where lime had recently been sprinkled over the contents of the pits, flies with their feet whitened with lime were seen walking over the food. b. Officers whose mess tents were protected by means of screens suffered proportionately less from typhoid fever than did those whose tents were not so protected. c. Typhoid fever gradually disappeared in the fall of 1898 with the approach of cold weather and the consequent disabling of the fly.

It is possible for the fly to carry the typhoid bacillus in two ways. In the first place, fecal matter containing the typhoid germs may adhere to the fly and be mechanically transported. In the second place, it is possible that the typhoid bacillus may be carried in the digestive organs of the fly and may be deposited with its excrement.

28. It is more than likely that men transported infected material on their persons or in their clothing, and thus disseminated the disease.

In some of the commands it was cus-

tomary to detail men from the line every morning to serve as orderlies at the hos-These men went to the hospitals, handled bedpans used by persons sick with. typhoid fever, and at night returned to their comrades. The most of them were wholly ignorant of the nature of infection and the methods of disinfection. In fact, at one of the division hospitals wesaw orderlies of this kind go from the hospital and partake of their midday lunch without even washing their hands. These men handled not only the food which they ate, but passed articles to their neighbors. It seems to me that a more certain method for the dissemination of infectious disease could hardly have been invented. I have stated that in some of the camps the surface of the ground, especially where there were strips of wood, was frequently dotted with fecal deposits. At the time of our inspection of the Third United States Volunteer Cavalry at Chicakamauga it was quite impossible to walk through the woods near this camp without soiling one's feet with fecal mat-Much of this was probably specifically infected, and it is by no means improbable that the infection was carried by the men into their tents, where blankets and tentage became infected.

29. Personal contact was undoubtedly one of the means by which the infection was spread.

The truth of this statement will be more evident after an inspection of the charts showing the distribution of the different regiments, which we have provided for in our report. On making such an inspection one must be impressed with the fact so plainly evident that men who were closely associated developed typhoid fever simultaneously. Men in the same company came down with the disease on or This became still about the same time. more evident when we studied the cases with reference to the tents occupid by the men. Certain tents were badly infected, and the majority of all their inmates developed the disease; while other tents wholly escaped. There are reasons for believing that this was an important factor in the spread of disease. Blankets and tentage became soiled with typhoid discharges, and in this way the disease was carried by the command wherever it went.

30. It is probable that the infection

was disseminated to some extent through air in the form of dust.

The shell roads through the encampment at Jacksonville were ground into the finest dust by the heavy army wagons. The scavenger carts carrying the tubs filled with fecal matter passed along these roads, and their course could often be traced by bits of feces falling from the tubs. Other vehicles ground up the fecal matter and dust together, and the winds disseminated these particles here and there. haled this dust; it was deposited on their food, and men ate the dust. Having seen these things, I am inclined to the opinion that infected dust was one of the factors in the dissemination of typhoid fever. am aware of the fact that complete desiccation soon destroys the typhoid germ, but dust is not always completely desiccated.

31. A command badly infected with typhoid fever does not lose the infection by

simply changing location.

I do not mean to say that it is not advantageous for a regiment badly infected with typhoid fever to change its location. On the other hand, in our history of the Second Division of the First Army Corps we have shown that such change is of advantage and may be followed by a reduction in the number of cases; but mere change of location is not sufficient to stamp out the disease in a command after it has become widely disseminated.

32. When a command badly infected with typhoid fever changes its location, it carries the specific agents of the disease in the bodies of the men, in their clothing,

bedding and tentage.

This is shown by the fact that when commands changed location, leaving behind all their sick, and when they went to places free from the infection, the disease continued with them.

33. After a command becomes badly infected with typhoid, change of location, together with thorough disinfection of all clothing, bedding and tentage, is neces-

Even when disinfection is carried out as here suggested, the command will not altogether lose its typhoid infection, because some of the men will carry the germs of the disease in their bodies. Change of location removes the command from the infected locality; disinfection of clothing, bedding and tentage destroys the infected material deposited on these articles; but the germs that have already been introduced into the bodies of the men are not so easily reached. The utility of disinfection of clothing, bedding and tentage was demonstrated by Col. Cigrand, who carried out this procedure in some of the most seriously infected regiments at Camp Meade with gratifying results.

34. Even an ocean voyage does not relieve an infected command of its infection.

This is shown to be the case in the study of various commands that went to Cuba and Porto Rico. The regiments constituting the Fifty Army Corps that went from Tampa to Santiago in June were not widely infected before embarkation, and some of them were on board ship for sixteen days, and yet all developed one or more cases either on the way or soon after reaching Cuba. The regiments that went from Chickamauga to Porto Rico were widely infected before leaving this country, and the disease continued after their landing with little, if any, abatement.

35. Except in cases of most urgent military necessity one command should not be located on a site recently vacated by an-

This principle holds good even when the vacating regiment is not known to have suffered from any infectious disease. This axiom in military hygiene was frequently violated during the summer of 1898. many cases of the state encampments the regiments that responded to the second call were located on sites recently vacated by commands that had preceded to the national encampments.

36. The fact that a command expects to change its location does not justify neglect of proper policing of the ground occupied.

The filthy condition of some of the regimental camps at Chickamauga was explained on the ground that each regiment expected to be called to the front in a few days, and therefore neglected camp sanita-A camp site should be thoroughly policed up to the moment of vacating it. This should be insisted on as a matter of military discipline, and camp commanders should regard proper attention to the sanitation of the sites occupied by their troops as one of their highest duties, and its neglect as a crime.

37. It is desirable that the soldiers' beds should be raised from the ground.

In some of the regiments at Camp Alger the tents were never floored. On inspecting these commands in August we found dust several inches deep in the tents. During the daytime, in fair weather, the blankets were taken out, and men, possibly with their feet soiled with infected material, walked around in this dust, and at night threw their blankets down on it and there slept. This was both unsanitary and uncleanly. We admired the enterprise of the men in some regiments who built in their tents a scaffold of poles, covered this with straw, and made their beds on this. I cannot but think that sleeping in a dust pile, which was possibly infected with typhoid material, was not wise.

38. In some of the encampments the

tents were too much crowded.

This was true both of the space allotted the tents and of the number of men occupying each tent. In some instances the tents of the same company were so close together as to leave no space between them, and those of two adjacent companies were crowded together back to back. Inasmuch as none of these commands were in the vicinity of any hostile camp, this overcrowding seems to have been wholly unnecessary. In some of the commands at Chickamauga the tents were not shifted, but stood continuously on the spot where they were pitched in May until the command left late in August.

39. Medical officers should insist that soldiers remove their outer clothing at night when the exigencies of the situation

permit

With from twelve to sixteen men in a tent, all sleeping in the clothes worn during the day, and possibly with some of them soiled with infected fecal material, the effect on the general health certainly could not have been beneficial, and the possibility of the dissemination of the infection must be admitted. If privates in the ranks would give as much attention to personal cleanliness as officers do, and if they were furnished with quarters in which they could keep themselves clean, typhoid fever and other infectious diseases in armies would be greatly decreased As I have already stated, our investigations show that tent infection must have been an important factor in the distribution of typhoid fever.

40. Malaria was not a prevalent dis-

ease among the troops that remained in the United States.

We have shown in our report that blood. examinations for the plasmodium of malaria made by competent men at Chickamauga, Knoxville, Camp Meade and Jacksonville, show that malaria was a rare disease among the troops that remained in the United States. This disease was undoubtedly more common in some of the camps than the blood examinations would indicate, because these were made for the most part on hospital patients and not on those who merely reported to the regimental surgeon, were given quinin, and were returned to duty in a day or two. malaria that did exist in the national encampment in this country yielded readily to quinin, and the cases that did not yield to this treatment were not malaria.

41. The continued fever that prevailed among the soldiers in this country in 1898-

was typhoid fever.

There is no evidence that any other continued fever was found among the troops that remained in the United States. Onesurgeon claims that dengue prevailed in his regiment at Chickamauga. I think it quite impossible for dengue to have prevailed in one regiment, while all other troops of two army corps encamped at the same place escaped this disease. It was claimed by some that the continued fever prevalent at Chickamauga differed from typhoid, and that it was a disease peculiar to the place; it was designated "Chicka-mauga fever." That the continued fever prevalent in our camps in 1898 was typhoid fever is demonstrated by the following facts: (a) When the temperature curve was not vitiated by the use of antipyretics, it was that of typical typhoid (b) The fever was not broken or arrested by the administration of quinin. (c) The death rate was that of typhoid (d) Whenever a post-mortem examination was made, and the total of these examinations was considerable, the characteristic lesions of typhoid fever werefound.

42. While our investigations show that coincident infection with malaria and typhoid fever may occur, the resulting complex of symptoms does not seem to be sufficiently well defined and uniform to be recognized as a separate disease.

In our report we have devoted a special

chapter to this subject, and I will be compelled to refer those desiring detailed information to this.

43. About one-fifth of the soldiers in the national encampments in the United States in 1898 developed typhoid fever.

Among 44,803 officers and men in regiments of the First and Third Army Corps, the records of which we have carefully studied, the number of cases of typhoid fever according to our estimate was 9,660. This is equivalent to 21.56 per cent. In the Fourth Army Corps the percentage seems to have been somewhat less. However, the records of some of the regiments of this corps were not well kept, and we can not be so positive concerning the number of cases.

44. Army surgeons correctly diagnosed a little less than half the cases of typhoid fever.

The total number of probable cases of typhoid fever among the regiments studdied in Chickamauga was 9,660. Of these 4,068 were diagnosed typhoid fever either by regimental or hopital surgeons. Most of the cases improperly diagnosed were sent to general military hospitals, or to civil hospitals with the diagnosis, "malaria." In 80 out of 85 cases sent from the Fifth Maryland to civil hospitals in Baltimore, the diagnosis was changed from malaria to typhoid fever. Of 98 cases sent from the Eighth New York to hospitals in New York City, all were recognized as typhoid fever by the physicians in each of the hospitals, while the majority of these had been entered on sick reports under other diagnoses. The failure of regimental surgeons to properly diagnose many cases of typhoid fever is easily Orders required, very propexplained. erly, that every man sick for forty-eight hours should be sent to the division hospital. It will be seen from this that the cases were not under the observation of the regimental surgeon for a sufficient time for him to make a diagnosis. There is also some excuse for the failure of the surgeons at the division hospitals to recognize all the cases of typhoid fever. Many of the less severe of these cases remained in hospitals for a short time, and were furloughed home, or forwarded to some general hospital. Moreover, we have shown in the body of our report that, in recognizing nearly one-half the cases of typhoid fever, the army surgeon probably did better than the average physician throughout the country does in his private practice.

45. The percentage of deaths among cases of typhoid fever was about 7.5.

Of the 9,660 cases already mentioned as occurring among certain troops at Chickamauga, 713 died. Thrate of 7.38 per cent. This gives a death This corresponds closely with the death rate for typhoid fever in those places in which most accurate records have been kept. In the City of Hamburg, during the years 1886-87, there were 10,823 cases, with a death rate of 8.5 per cent. Brandt has collected 19,017 cases treated by cold baths, with a mortality of 7.8 per cent. Of 2,293 cases treated in some of the larger hospitals in this country in 1897, 9.24 per cent. died. Further details concerning the mortality in typhoid fever are given in our re-

46. When a command is thoroughly saturated with typhoid it is probable that from one-third to one-quarter of the men will be found susceptible to the disease.

I am inclined to believe, but desire to state it as an opinion, that typhoid fever disappeared in some of the regiments only after all the susceptible material had been exhausted. This was probably true in all regiments which had 400 or more cases.

47. In military practice typhoid fever is often apparently an intermittent disease.

This fact is shown especially in the study of the Eighth New York. Please bear in mind that I state that typhoid fever is apparently an intermittent disease. I do not mean that the apparent intermissions are afebrile; I only mean that the men sick with this disease had periods of improvement which were so marked that regimental surgeons often returned the men to duty, probably at the request of the men themselves. We have discussed this very fully in our history of the Eighth New York.

48. The belief that errors in diet with consequent gastric and intestinal catarrh induced typhoid fever is not supported by our investigations.

This belief, which was formerly held by many, is founded on false conclusions arising from erroneous conceptions of the etiology of the disease. Moreover, the early symptoms of typhoid fever are often confounded with those of simple gastro-intestinal catarrh.

49. The belief that simple gastrointestinal disturbances predispose to typhoid fever is not supported by our investiga-

tions.

The members of our board began their investigations with the belief, which seems to be quite generally held, that acute diseases of the gastrointestinal tract render the individual more susceptible to subsequent infection with typhoid fever. However, our studies have forced us to come to the following conclusions concerning the relation between typhoid fever and preceding temporary disorders, including those diagnosed as diarrhea, enteritis, gastroenteritis, gastroduodenitis, intestinal catarrh, gastrointestinal catarrh, gastric fever, and simple indigestion: a. The temporary gastrointestinal disturbances of May and June had but little if any effect on subsequent infection with typhoid b. The temporary gastrointestinal disturbances of July and August, instead of predisposing to typhoid fever, gave a certain degree of immunity against subsequent infection with this disease. In our report we have attempted to give an explanation of this.

50. More than 80 per cent. of the men who developed typhoid fever had no pre-

ceding intestinal disorder.

In 2,763 cases in which this point was especially investigated, 2,356 were not preceded by any intestinal disorder.

51. The deaths from typhoid fever were more than 80 per cent. of the total deaths.

The percentage of deaths of typhoid fever to total deaths is not so high if we accept the diagnoses given in the official reports.

52. The shortest period of incubation in typhoid fever is probably something

under eight days.

This statement is founded on data obtained by a study of typhoid fever among the hospital corps, mer and women nurses at Chickamauga. The details are given in our report.

53. One who has lived in a camp in which typhoid fever is prevalent is liable to develop this disease any time within eight weeks after leaving such a camp.

The particulars bearing on this statement are given in our history of the Fifth Pennsylvania.

### Hemorrhage of Brain.

Dr. R. R. Morgan, of McCordsville, Ind., reports the following case: Woman, 33, single; parents living; healthy; four healthy children; one grown sister died of phthisis; three sets of twins in family, one of the six living; April 1st there was vomiting; pain in right eye, slight paralysis of left arm, with recovery. May 1st, there was a repetition of the symptoms, with apparent recovery by July 1st. From July 2d there was loss of strength, sleep and nutritive power, with great emaciation; death July 13th.

Autopsy by Drs. C. E. McCord and Samuel Hervey, of Fortville, and Dr. H. B. Smith with Dr. Morgan, as follows: Apex left lung caseous; left ventricle dilated with thin walls; liver enlarged, hard and dry; spleen the same; chronic interstitial nephritis; alimentary tract nor-

mal; left ovary a mere shell.

Cerebellum very soft and friable; blood clot the size of hen's egg over the upper part of fissure of Rolando; softening about the clot; uterus and bladder normal; rupture of cerebral artery. The symptoms and lesions were referred to a specific inspection, of which there were external signs and a clinical history.

### MISCELLANY.

### Vaccination at the State Normal School.

The City Board of Health of Terre Haute on June 5 issued the following order:

"It is hereby ordered by the Board of Health that all pupils of the State Normal School who have not been vaccinated, during the present year, be excluded from the school after this date and until they bring a certificate from a reputable physician that vaccination has been properly and successfully performed."

Saint-Yves Menard gives a table showing the importance of revaccination. There is a popular notion that the entire body is renewed every seven years in the young, but that this is not true of elderly people.

According to Menard's table, revaccination in from six to ten years, 17.6 per cent. of positive results; at ten years, 15 to 18 per cent.; twenty years, 50 per cent.; at twenty to forty years, 60 per cent.; and from forty to sixty, 74.2 per cent.; from sixty to eighty years, 82.9 per cent.; and from eighty to one hundred years, 88.5 per cent. These figures show that vaccination immunity gradually disappears with advancing years; that at the end of the first decade nearly one-fifth have lost their acquired immunity, and that this proportion rapidly increases with advancing years. These statistics clearly show that the view that revaccination is unnecessary in the aged is incorrect.-Medicine, Detroit, 1899.

"Researches Into the Causes of Collapse or Death From Blows on the Lower Chest or Epigastrium," is a report by Dr. G. W. Crile, of Cleveland, well known for his experiments and writings on shock and its causes. The following abstract is from the Journal of the American Medical Association. Bret Harte describes the result thus:

A chunk of old red sandstone Hit him in the abdomen; He smiled a kind of sickly smile And curled upon the floor, And the subsequent proceedings Interested him no more.

After giving the methods of research and details of his experience, with bloodpressure tracings, Crile concludes that no amount of injury inflicted on the solar plexus, directly or indirectly, is capable of causing any inhibitory action on the heart, and such injury in no case contributed to immediate death or collapse. was to produce a vasodilation of the "splanchnic area," causing a gradual decline in blood pressure. While the abdomen is open and the diaphragm protected from violence, blows on the stomach produce little effect on blood pressure or respiration, but when the diaphragm is not protected the blows on the pit of the stomach sometimes produce a momentary staggering fall in the blood pressure. sure suddenly applied or blows directly on the diaphragm, within the cardiac zone, usually produce a marked drop. Even careful pressing of the hand upward against the diaphragm so as to produce an

interference with the free movement of the apex causes very great cardiac irregularity of blood pressure. Blows on the lower chest, especially over the cardiac area, produce various results; in one case immediate death followed. Respiratory action is also suddenly arrested. The commonest result was a great drop in blood pressure—a collapse with gradual restora-The results vary somewhat in different animals, but as a general rule the nearer the blows are given over the center of the cardiac dullness the greater the effect. Blows on the naked heart produce similar though more pronounced effects. The evidence seems to show that the solar plexus may be disregarded as a factor, and the result is due to mechanical effects and violence either on the heart itself or its nerve mechanism. Though both vagi have been previously severed, similar results are produced, and he holds that collapse and death may be caused wholly independent of the vagi, though the vagi probably usually contribute somewhat to the results. The causes of collapse and death from violence on the lower chest and abdomen are due mainly to loss of rhythmic contractions from the mechanical irritation of the heart muscle itself.

The following incident narrated by the Berlin correspondent of the Medical News is a good illustration of the equanimity of a vaccinated community as compared with an appearance of smallpox in a place where vaccination has been neglected.

A troupe of negroes from Koto, one of the German South African colonies, has been on exhibition for some time at one of the museums in Berlin. The affected ones were promptly segregated, however, even before the diagnosis was assured, and the result justified the precautions, since the affection turned cut to be smallpox. Among the troupe fifteen cases occurred, the first time that so many cases were known in Berlin in many years. How little solicitude the ocurrence of the disease has evoked may be judged from the fact that Professor Senator invited his class, consisting of more than 100 students, to come with him to the institute for care there. No special precautions were taken and students were allowed to approach and see and even feel the lesions. who had not been vaccinated within recent years were warned of their danger and advised not to come. Evidently the Germans have unbounded faith in the value of vaccination, and the statistics of Berlin since the enforcement of the universal vaccination requirements would seem to justify them, for Berlin's mortality and morbidity from smallpox, compared with that of Paris, where vaccination is optional, is practically nothing.

### Cocaine Anesthesia, Through the Spinal Cord.

Dr. Tuffier introduces his needle, usually between the second and third lumbar vertebræ, sometimes lower, but never higher, and pushes the needle forward carefully, until there is an escape of cerebro-spinal fluid; then he injects two centigrammes of a freshly sterilized 2 per cent. solution of cocaine. There is usually complete anesthesia, within ten minutes after the injection, varying a little in different individuals.

Dr. Tuffier records sixty-three cases operated upon by this method of anesthesia without a single accident. The ages range from fifteen to sixty-five years. Among the operations performed were amputations of the leg and foot, perineorrhaphy, vaginal hysterectomy, appendectomy, ophorectomy, removal of a mesenteric cyst and nephrotomy. It was a peculiar spectacle to see the patient wide awake and talking to some of the assistwhile her abdomen was being opened. Dr. Tuffier said: "Not only have the patients recovered from the cocaine, but they all recovered from their respective maladies. "But, of course," he said, "that's very lucky."-George Rubin in the Doctor's Magazine."

### Paris Vital Statistics.

The Bureau of Vital Statistics reports for the month of May 4,212 deaths, among which were 58 suicides and 78 other violent deaths; 4,418 births were registered, of which 3,027 were legal and 1,346 were illegal; 600 marriages were celebrated.—George Rubin in the *Doctor's Magazine*.

The Chicago Health Board reports a case of smallpox from Indianapolis under date of July 9th—a colored man, who had

been working with a gang of street pavers in Indianapolis. It was the only case of the week. Our State Health Board was notified.

### Railway Accidents.

Casualties to June 30th, 51,743; killed, 7,123, of which 2,210 were employes. Trainmen killed, 1,155; switchmen, 273; killed by coupling, 254; falling off, 337.

Only 239 passengers were killed and 3,442 injured. Persons not passengers or workmen killed, 4,674; injured, 6,255; over 4,000 trespassers were killed.

One passenger was killed out of each two and a quarter million carried. To kill a passenger he must ride 61,000,000 passenger miles.

One passenger was killed for every 2,-189,023 carried, and one injured for every 151,998 carried. Ratios based upon the number of miles traveled, however, show that 61,051,580 passenger miles were accomplished for each passenger killed, and 4,239,200 passenger miles accomplished for each passenger injured.

It is safer to ride continuously on the cars than to work on a farm or in the trades and factories.

### Reciprocity and Medical Education.

At the Atlantic City meeting of the National Confederation of State Medical Examining and Licensing Boards, Dr. Spurgeon, of Indiana, offered a resolution providing for a committee that would suggest ways and means for the establishment of interstate reciprocity in licensure for the practice of medicine and for uniformity in medical education.

In discussing the resolution Dr. William Warren Potter, of Buffalo, said that the present body is the only one of the many organizations meeting at Atlantic City at this time the members of which were officially recognized by State governments. It was important not to derogate from their official positions. The question of advising legislatures as to reciprocity laws should come last. Uniformity in medical education is at present the desideratum. If this is obtained, then reciprocity will follow naturally. Uniformity in medical education can be advanced by the Confederation of Examining Boards and that of the medical colleges working together. Conference is needed, not hasty action. The motto must be "festina lente."

Dr. Egan, of Chicago, said that it was useless to hope for uniformity in legislation. It is impossible to convince legislatures of the crying needs of their own State. A law for the regulation of medical practice comes back from the legislatures so mutilated as to be unrecognizable. Under existing laws much can be done toward remedying the present situation. The Illinois Board of Health has passed a resolution to accept the licenses of other States that comply with their regulations. The attorney-general says the board has not gone beyond its powers in so doing. Other State boards can follow the exam-The courts can be depended on to favor public utility in the interpretation of the law and reciprocity is distinctly of this character.

Dr. Hervey, of Massachusetts, said that it is useless to hope that any committee under the sun can influence legislatures to give up their individuality. States will not accept the standards of other Stafes. There is often no reciprocity even in the public schools of different cities of the same State. It is a chimera to look for reciprocity. Uniformity in medical education should be the watchword.

Dr. McCormack, of Kentucky, said that in all this talk of reciprocity he was reminded of a country inn with screens to keep out flies which really kept them in. Many States seemed willing to have reciprocity so as to get rid of their surplus medical men. Each State should keep down quackery by stringent laws. What is needed most now is a committee that will report and weed out paper colleges.—From the *Medical Mirror* of July.

### The Income of City Physicians.

The average income of a physician in any large city in the United States may be placed at about \$2,000, in the smaller towns at \$1,500, and in the rural districts at \$1,200. Two or three New York physicians are said to make over \$100,000 a year, five or six about \$50,000, but the average income does not greatly exceed \$2,000 yearly; in Chicago about six men make more than \$50,000 a year, possibly twenty make above \$30,000; excluding

which, the average income may be said to be less than \$1,500. In St. Louis it is still lower. The minister averages, in this city, perhaps \$1,200, and in the country certainly not more than \$800 yearly. As regards living expenses, both the lawyer and the minister have an advantage over their professional brother. In New York, for example, says the Medical Record, office accommodation suitable to a physician is very dear, in a good neighborhood costing not less than \$70 to \$80 a month, which, with board and lodging and other necessary disbursements, will represent a sum of \$120 monthly, a sufficiently weighty burden for a struggling youthful practitioner to bear. The young minister has no rent to pay, while the legal neophyte can regulate his outlay in this respect according to the length of his purse. Nevertheless, the lot of the medical beginner, compared with that of a pastor in a like situation, has its compensations. He is at least more or less independent. The minister, on the contrary, is, as a rule, permitted to exercise his own will but to a limited degree, and often is doomed to go through a lifetime of toil subservient to the caprices of censorious elders and deacons. An excellent description of the trials of an American country minister, and the various unpleasantness with which he has to contend at the hands of his congregation, is given in the "Damnation of Theron Ware," the best novel written by the late Harold Frederic. When all is said that can be said, the first few years of medical practice are years of arduous effort, full of disillusionment and disappointment. The late Sir Andrew Clark told Dr. Osler: "From the vantageground of more than forty years of hard work he could say that he had striven ten years for bread, ten years for bread and butter, and twenty years for cake and ale." The truth undoubtedly is, and especially in the large centers of population in America, that the opportunities for a physician to obtain adequate compensation for his services are yearly becoming less. This is not due to any deterioration in the quality of the present-day practitioner or an evidence of falling off in medical or surgical skill. The fact is irrefutable that the medical profession in this and all civilized countries stands on a higher plane in the matter of training and

knowledge than ever before. The reason for the decrease in medical incomes is indubitably almost wholly owing to the more eager competition among regular practitioners, to hospital and dispensary abuse, and to the lamentable increase in quackery.—American Journal of Surgery and Gynecology.

### Apomorphine as an Hypnotic.

Considerable experience with the use of this drug has induced C. J. Douglas (N. Y. Med. Jour., March 17, 1900) to believe that there is no remedy so near an approach to an infallible hypnotic as apomorphine, and he has found it equally useful in all forms of insomnia regardless of the cause. It should be given in a single dose of about one-thirtieth of a grain, injected subcutaneously. The object is to give a dose that, on the one hand, is large enough to produce sleep, and on the other is so small that nausea and vomiting are avoided. Hence, individual susceptibility must be considered. It should be given when the patient is in bed, for its effect is very rapid and the patient will usually fall into a restful sleep within five to twenty-five minutes. If no results are observed within one-half hour the dose is too small. The effect persists for from one to two hours, but in many cases of insomnia the patient will sleep all night. In active delirium it acts very well, and a slight nausea may increase the effect in those cases. There is no possibility of a "drug habit," for it becomes a vigorous emetic if the dose is increased.—Journal of the American Medical Association.

### Absence of Bacteria in the Arctic Regions.

Some interesting facts concerning the freedom of the air, water, and even the intestinal contents of animals of Arctic regions from bacteria are communicated by Dr. Levin, of Stockholm, American Journal of the Medical Sciences, April, 1900, who took part in the Natthorst expedition during the summer of 1898. Working each time with 20,000 liters of air, he found practically no bacteria. Sea water, snow and ice yielded on an average one bacterium per eleven cubic centimeters. In twelve samples of brown mud he found only a single bacterium. The intestinal contents of polar bears, seals,

eider ducks and other birds, shraks, seaurchins, anemones and crabs were nearly always sterile. Not only did he obtain no growths, but he was unable to find evidence of the presence of bacteria after staining the intestinal contents with the usual agents. These results confirm the conclusions of Nencki, Nuttall and Thierfelder concerning the presence of bacteria as a non-essential factor in digestion.

### Treatment of Vomiting of Pregnancy.

1. Rest in bed.

diluted.

2. Coffee in morning, fasting, two hours before rising.

3. Liquid food, especially milk and lime water (equal parts), beef juice, egg albumen and tinct. opii and hydrochloric acid,

- 4. Drugs, orexin tannate, the best; commence with 4 grs. once daily, then twice daily, and increase to 5 grs. three times a day; cocaine, 4 per cent. solution, 10 minims every three hours—give only four doses; ingluvin, 20-gr. doses, sixth hour. Drop doses of vin. ipecac. or Fowler's solution.
  - 5. Lavage of stomach.
  - 6. Rectal alimentation.
- 7. Dilating cervix useful, painting as with cocaine, 10 per cent., to ease the pain of dilatation.
- 8. If drugs fail, washing out the stomach and rectal feeding the best.
- 9. If all these methods fail, and woman losing strength rapidly, upon consultation empty uterus.—Exchange.

### Praritus Ani.

L. H. Adler, Philadelphia. An injection of ergot, hydrastis and carbolized oil of two drams into the rectum is given first. If the skin is hard, it is painted with a saturated solution of silver nitrate every third day for three visits. Then every day citrine ointment is used and bound on with a cotton pad. The itching at night may be relieved by extremely hot water followed by black ointment or calomel salve, being careful not to scratch the This daily routine is followed for six weeks, then at longer intervals for six months, never stopping in less time, but occasionally going longer. Of 200 cases thus treated permanent cure resulted in every case, many cases having been observed for five years. As the author considers the lithic acid diathesis a prominent constitutional cause, this must receive internal medication and the bowels must be moved every day.—St. Louis Medical Review.

### The Treatment of Asthma.

Dr. Hobart A. Hare, of the Jefferson Medical College, recommends the following prescription, which we prepare in very palatable and efficient form as Elixir Anti-Asthmatic (Hare):

Sodii iodidi, gr. xvj.; sodii bromidi, gr. xvj.; tineturæ lobeliæ, minims xvj.; extracti euphorbiæ piluliferæ fluidi, minims xxiv.; glonoini (nitroglycerini), gr. 1-25; elixiris, q. s. ad ounce j. Mix.

One teaspoonful of this clixir may be given every two to four hours as the exigencies of the case demand. We also supply this combination as Compressed Tablet No. 55, each tablet representing one fluidrachm of the Elixir. The tablet contains potassium iodide, while sodium iodide is used in the Elixir.—Therapeutic Notes for June, 1900.

# An Anathema of the Founder of "Christian Science."

In the Johns Hopkins Hospital Bulletin Dr. H. T. Marshall thus summarizes the character of Mrs. Eddy:

"We see that the head of the movement is a woman, who is considered by some to be the victim of a form of insanity known as paranoia; a woman whom many more consider simply an imposter, growing rich at the expense of her deluded followers; a woman evolved from homeopathy, who claims the powers of Divinity.

"We see that this woman has built up a system showing the utmost crudeness of construction, full of inconsistencies and self-contradictions; displaying, at every turn, the author's ignorance of the meanings of words, her confusion of ideas, and complete inability to reason logically. We see the head of this system guilty of horrible blasphemy. We see her denouncing as false the findings of all human experience, and we see her arrogantly vaunting herself as the only human being with true knowledge, and on every page of her book boasting of her superior wisdom. We see the members of this school making the most extravagant claims of their power over disease; we see them, in the name of religion, stand passive at the bedside of suftering infancy; we see them, in the name of religion, attempting to undo all that has been accomplished by millions of earnest workers and thinkers to better the conditions of human life."

### Collodion in Pruritus Ani, Mosquito Bites, Epistaxis, and Enuresis.

Dr. D. W. Samways writes to the British Medical Journal for June 9th as follows: "In the British Medical Journal of November 21, 1896, I called attention to the value of collodion in the treatment of pruritus ani, in which, I believe, it is always effective, at least temporarily. In the after-treatment of mosquito bites I have found no application so satisfactory as that of collodion. A dewdrop of contractile collodion is spread on the raised red bite. The itching at once disappears, and with the contraction of the collodion the swelling flattens down and becomes comparatively bloodless, the collodion soon being alone apparent. In epistaxis, after plugging the anterior nares, the efficacy of the plug may be greatly increased in troublesome cases by sealing the nasal orifice with a little cotton wool and collodion. The plug thus supported is but little affected by coughing and straining. Collodion has been employed in enuresis, the orifice of the meatus being closed by a film of collodion painted across it, compelling the child to wake to pass water.—New York Medical Journal.

### Francis Truth Fined \$2,500.

Boston, July 10.—Francis Truth, who advertised himself as a divine healer, appeared in the United States Circuit Court to-day, withdrew his previous plea of not guilty, pleaded guilty and was fined \$2,500, which he paid. He pleaded guilty to seven indictments, accusing him of using the mails to further a scheme to defraud, which involved his divine healing methods.

The above is from the press reports and is one of the numerous indications of the abhorrence our courts have for all the forms of quackery. Even in Indianapolis it is well understood that a very severe and superior kind of justice is dispensed in the United States Courts.

### In Lighter Vein.

### A CURIOUS CONCEPTION. ..

A woman named Akroyd, says The Barrister, was tried before the Court of Queen's Bench in Dublin for refusing to produce a child which she had abducted. Some amusement was created in court when the prisoner was sentenced for six months, without hard labor, in Richmond prison, which is only for the incarceration of males. Carved in the stonework over the main entrance to the prison are the following words: "Cease to do evil, learn to do well." The commitment was the subject of the following lines:

In most earthly tribunals some harshness prevails, But the Court of Queen's Bench is both prudent and mild;

It committed Miss A. to the prison for males, As the readlest mode of producing a child. How she'll do so surpassess conception to tell, Should she "cease to do evil, and learn to do well;" And if in six months, without labor confined, She produces a child, she'll astonish mankind.

-New Orleans Medical and Surgical Journal for June, 1900.

At a chemists' banquet in Germany somebody proposed the toast, "Long live our scientists!" "What on?" asked a cadaverous looking specimen, rising from his seat.—Photographic Life.

### ON SOME USES OF CATGUT.

All medical men are familiar with the genus cat, and a few have a passing acquaintance with the "kitty;" but the delicate and prudish maid who said the "pussy intestines" of her tennis racquet were relaxed had largely missed her guess. It is the gentle sheep which has from time immemorial yielded from his ruminant bowel those strands which have done so much for the development of musical, surgical and piscatorial history. The sheep and his companion, the lusty billy-goat, furnish that marvelously fine translucent material for the stringing of the maestro's violin and the maiden's racquet, the ligation of arteries, and those fine "mist-colored" leaders which delight the gentle angler's heart. Not the fat Shropshire or Southdown whose "saddle" delights the gourmet's palate, but the lean and ill-fed sheep is said to yield the toughest gut. And the sheep that graze upon the Neapolitan hills, together with those gaunt lactiferous nanny-goats, the ambulating milk-cans of Naples, furnish the strings of finest texture and greatest durability.

The Italian violin makers no doubt brought about the perfection which has been attained in the preparation of this material; and bound to the frame of the old Cremona, the vibrations of these cords of gut, under the hand of the virtuoso, have thrilled the hearts of thousands. But did Remenyi on his old Stradivarius ever evoke a strain more thrilling and inspiring than the strain of a two-pound trout on the slender, almost invisible, leader? These strong, fibrous strands of humble origin have helped to fame all illustrious Ole Bulls, have secured severed arteries and assured the glory of our Nicholas Senns, and to all our modern Izaak Waltons have brought untold success in the gentle art of angling.

Some few doctors there be who can please themselves and rejoice, perchance, their friends on the catgut stretched over a violin body, "scraping the hair of the horse over the gut of the cat;" we can all (some better than others) tie a ligature; but blessed, just now, are those favored medical men who can cast a bit of gut from the shady banks of some favorite pool or stream and lure to flies and hook the speckled beauties in the cool depths.

This is the time to exchange medical literature for the rich lore of angling. VanDyke's "Fisherman's Luck," Kingsley's "Chalk Stream Studies," Walton's "Complete Angler"—these and the like are the works of reference that should now occupy the fagged doctor's attention. This is the instructive recreation that will fit him to cope with next autumn's cares and ills. Let him "hang up the fiddle and the bow," bury the sutures or store them in his favorite sterilizing solution, and fare forth with what should now be the leading gut, the gut leader.

Summer is here.

Let us fish.—Editorial in *Medical Age* of July 10th, Dr. F. W. Mann, editor.



ALEMBERT W. BRAYTON, M. D., Editor.
THEODORE POTTER, M. D.,
NORMAN E. JOBES, M. D.,
GEORGE J. COOK, M. D., General Manager.

### Subscription, - One Dollar a Year in Advance.

The members of the profession of this State, whether subscribers or not, are especially invited to send their contributions to this journal.

To insure prompt publication contributions must be mailed by the 15th of each month, and should not ordinarily exceed 1,500 words.

Short practical articles, reports of society meetings, and medical news solicited.

The editor is not responsible for the opinions of contributors.

The journal is mailed on the first of each month. Subscribers who fail to receive their journal should promptly notify the publishers.

All letters and communications relating to the scientific and literary departments of the journal, and all books for review, should be addressed to the editor.

All communications pertaining to the business interests of the journal, or remittances for either subscriptions or advertisements, should be sent to the General Manager, Willoughby Building, Indianapolis.

# The Asheville Meeting of the Mississippi Valley Medical Society, October 9-11, 1900.

Asheville is in the heart of the "Land of the Sky." It is the most delightful health resort, summer or winter, in the Appalachian highlands from Maine to Georgia. It is in the center of the most beautiful mountain scenery in the world. At least this is the conclusion of President Jordan of Leland Stanford University, who has traveled in all the mountain regions of Europe and North America, while studying the distribution of the icthic fauna of the northern hemisphere. And such is the belief of the present writer, who in the summers of 1877 and 1878, in company with President Jordan conducted a party of Butler College students from Indianapolis on a tramp from Somerset, Ky., then the railroad terminus, through Cumberland Gap, across the beautiful valleys of the Holston, the Powell and the Clinch, through Morristown, Tenn., to the French Braad, the "Racing River of the Cherokees," which we followed fifty miles toward its source in the Great Smoky Mountains. The road was sandy; there was but one stage daily; on one side the dancing river and on the

other the mountain ranges, the homes of the farmer people, where we heard stirring tales of the "irrepressible conflict," in which the mountain is always arrayed against the plain. On and on for two days, only encumbered with walking sticks, geological hammers, botany cans, a spyglass for rare birds, a Gray's botany a copy of Thoreau's "Week on the Concord River," and the excellent maps of the United States Coast Survey, far more accurate than the directions of the few residents. One of these residents was a "traveling saloon," his stock of pop and moonshine whisky carried on a board suspended from his shoulders. We stopped over night at Marshall, a little hamlet clinging to the side of the mountain, where we took supper around a circular table, the inside of which was built up of three revolving plateaus rising one above the other like a Chinese pagoda. This, Dr. John Oliver, the spokesman and biographer of the party, kept moving so rapidly that Wade Ritter, Chas. Moores and Chas. Merrill, of Indianapolis, were nearly famished between their merriment and their efforts to snatch bread and fried chicken from the whirling boards.

We stopped a day at Captain Alexander's then the best hostelry on the French Broad, enlivened with a good sprinkling of vivacious Southern girls, who recognized bright college youths disguised in tanned faces and blue flannel outing shirts-in fact, a brief two-piece suit. washed daily in the mountain streams and dried on the wearers' backs. We bathed in the Hot Springs and journeyed on to the unpretentious inn at Asheville, then with less than a dozen guests. But Asheville for that party was only a base of supplies, a sign board pointing to the Black Mountains, a mile nearer the sky, and forty miles up to the very sources of the Swannanoa River, whose sinuous course between cliffs of azalea, laurel and rhododendron we followed to its ultimate spring just under the crest of Mitchell's Peak, 6,711 feet above the sea.

Here for a night we camped blanketless and foodless under the stars, except for wild fruits and parched corn, for the little burro which served us as a pack animal had shied the road and swept off the provisions and blankets. The driver was sent back eight miles to hustle for "more," and, like Oliver Twist, without avail. We saw the glorious sunrise, and the great mountain billows disentangle themselves from the cloud-banks, and took our way down the mountain forty miles to Asheville by sundown. We stopped in the suburbs with a planter of the old school, who thought we "might well be content to remain one night where they had lived all their lives."

The next summer we duplicated the trip by way of the Cincinnati Southern, then completed only to High Bridge, Ky., going through Big Creek Gap and Rabun County, Georgia, where we visited Toccoa Falls, higher than Niagara, the great Tallulah Gorge, two miles long and five hundred deep, with a succession of falls, in which we came near the tragedy of the trip—the loss of Moores and Merrill by drowning, and their rescue by Jordan, Horace Smith, of Indianapolis, and the writer, aided by a safety rope we carried to cross from side to side of the gorge.

During the two summers we fished every stream from Louisville to Atlanta and back to Nashville, finding new species in Chickamauga Creek at Ringgold Pass, and in Stone River by the side of the National Cemetery, besides at many less historical places. We called on the Vice-President of the Southern Confederacy, Alexander Stephens, at the old Kimball House, Atlanta; he requested a friend to drain his fish-pond for us, thus securing more minnows new to science; he was courteous and friendly, giving many interesting reminiscences and even patriotic advice to our young students. Sitting crippled and aged in his wheel chair, weighing less than eighty pounds, a noble head, refined manners and speech, vindicating the part he took in the great conflict, and that on the very day that Georgia adopted her new constitution and Robert Toombs, still "unconstructed," made an address, Mr. Stevens presented a notable and a historic, although a pathetic character. Certainly the "Butler University Scientific Tramps" will never forget that visit.

Great indeed is science, and though our little party was really the advance guard of icthyology, we were only using the science as a means for the solution of those laws controlling the evolution of species as related to physical features and envir-

The facts of distribution which onment. we collected were formulated by Dr. Jordan in one of the most important contributions to evolutionary history of this The problem had been suggeneration. gested and the field of labor indicated to Dr. Jordan by Agassiz at the Penikese School of Natural History in 1871. The twenty or more new species we discovered and described were only an incident in a research which has been continued to the present time, and which is not yet finished, although it has thrown a great light upon the laws of variation and distribution—the old problem of Wallace and Darwin.

Since that time the number of American species of fishes has been increased from six hundred to over sixteen hundred, and Dr. Jordan has become the greatest icthyologist of the world. Indeed, he has passed to the higher spheres of education and has become a "fisher of men," and has even attempted to regulate by his views and influence the policies of the Anglo-Saxon and the Latin peoples in the present crises of the nations. But that is his own business and "part of another story."

We cannot with our modern ideas of personal liberty deny to any man the cherishing and advocacy of his ideals. Science is great, but it is not the be-all and end-all of the culture of the adult or the education of youth. Culture may be scientific in its method, rational in its spirit and utilitarian in its purpose, but a true culture will not stop with the knowledge of the atom, the molecule or the fish alone; the sympathies and the imagination must be aroused, the moral sense awakened and the ideal nurtured. For neither science or literature alone can make good citizens; they will not unaided even make good men and good women. Only life and action; knowledge of and association with examples of virtue and of justice will educate and redeem the world. Science and literature are, in the final analysis, only the steps to culture, the husks which surround and protect the vital kernel.

And herein lies the great advantage of our profession as compared with others teachers, lawyers, writers, preachers. We alone see life as it is; no secret, no means, no motive is withheld from the physician; the whole panorama of science, of literature, of life in action, of noble virtue and suffering is daily before him. He may be, if he chooses, the flower and the fruit of life; a lover of the beautiful, for he knows what beauty is; simple in his tastes and desires, for he realizes the vanity of riches; he indeed may cultivate the mind without loss of manliness.

Nor need he become ascetic or distant by all the added insight and knowledge of his profession. If life, and not abstract science and literature, is the great educator, the physician must perforce be a social being, the most genial and the most social of any class of men. If it is within our province to be so richly endowed with faith, hope, sympathy and wisdom, we should of all men be the greatest in the spirit of effort, touching a humane and respondent chord in every life we meet. Without a strong emphasis of the social instinct our work is in vain. Reading is good, but it is selfish; conversation is not only a fine art, but to the physician in his relations with sick and well it is life itself. And especially should he meet and converse with his fellows, with whom his work and sympathies must be. The great value of the national state and sectional meetings of physicians is social and recreative. The essays and discussions may be had in books and peri-This feature is, or should be, particularly true of the Mississippi Valley Medical Society. Held now at Hot Springs, again at Detroit or St. Paul, and finally at Asheville, this association gives the physician an opportunity for wide acquaintance with the varied physical features, the peoples, and his colaborers in the widely-separated and diverse parts of the most important region of the continent, the great Middle West. Many of our physicians have been to the Allegheny foothills in defense of principles they were willing to uphold with their lives. Others, like our scientific party of 1877-78, for science and recreation. And now as medical men our hearts may still yearn for the "Land of the Sky," the mountain streams and forests, and, best of all, the eternal mountains themselves, black with balsams and redolent with the perfume of shrubs and flowers. We hope many Indiana physicians will take this opportunity for an autumnal vacation. Dwellers on the plain should seek the sea and the mountains. Mountains are the glory of the earth, the culminating points of scenic beauty and grandeur. Let us away to the hills whence cometh our strength and renew our physical and social being at this meeting of the Mississippi Valley Medical Society.

## Dr. Alois Graham's Studies on Diseases of the Stomach.

With the temperate and judicious article on "Diet," the Journal completes the second series of papers by Dr. Graham. The first series of five papers was devoted to the various methods of diagnosis of gastric disorders, and appeared in the April, May, June, July and August issues of last year. The second series is on treatment of diseases of the stomach, the successive papers appearing in the May, June, July and August issues of

the present year.

We regard these papers as one of the most valuable summaries we have met on this subject in the range of recent medical journalism. To be sure, there has been great activity and consequent progress in the diagnosis and treatment of stomach diseases within the present decade of years. The works of a large number of eminently qualified and versatile American clinicians, including Flint, Pepper, Osler and Delafield, produced an early and necessary renewal of the study of gastric and intestinal diseases among our physicians, which was supplemented by the translations of the German works of Kussmaul, Senator, Ewald and Boas, and such French authors as Hayem, Debove and Mathieu. Later notable contributions are those of Einhorn, Hemmeter. Dock, Stewart, Friedenwald and Simon. The contributions of surgeons are none the less remarkable, and among these we find the names of our countrymen, Senn, Deaver, McBurney, Bull, Roswell Park, Murphy, Christian Fenger and Gerster. And there has been no end of adequate research upon the physiological chemistry of indigestion and internal secretion by American investigators. We have the standard work of Gilman Thompson on Dietetics, as well as the researches of Chittenden, Vaughan. Howell Adams, which may be consulted in such

works as Howell's Text-book of American Physiology. What a revelation such a work as Howell's would have been to the medical world at the time Dr. William Beaumont, surgeon in the United States army in 1838, published his researches carried on patiently and heroically for over ten years, upon the digestive processes as revealed by aid of the accidental gastric fistula in his servant, Alexis St. Martin!

We are perhaps more than ordinarily enthusiastic as to this series of papers of Dr. Graham's because they are devoted to interior medicine. Medicine should be the main study, as it is the essential business and dependence of the physician. Most people are sick at one time or another, while surgery is only incidental and is usually practiced upon the indigent. Besides, surgery is easy and within the grasp of any ordinary skillful and cleanly physician with the aid of anesthetics and asepsis. It is a credit to any young physician to write a useful and comprehensive paper or series of papers upon any subject of interior medicine or obstetrics. That such papers are more common than ten years ago is an indication that the surgical current that has dominated medical teaching and literature has accomplished its noble mission, and that the two great branches of professional work will be hereafter held in juster equipoise. And to this end we have "called the attention" of our readers to the excellent series of papers by Dr. Graham, as well as to the special papers of Drs. Vaughan and Wilson in this issue.

# Dr. Vaughan on Typhoid Fever and Dr. Wilson on Convulsions.

The Journal takes pleasure in presenting the able paper of Dr. Vaughan, the President of the Medical Department of the University of Michigan, upon the causes of the typhoid fever prevalent in the camps of detention and instruction during the Spanish war. Every physician should read it and keep it on file, as it settles some mooted qusetions with authority. The commission, of which Dr. Vaughan is the spokesman, was the most important yet instituted by the national government in the interests of public sanitation. And in this article we have the succinct conclusions without wading

through a mass of statistics and verbiage. As from 60,000 to 100,000 troops will be in the field for a long time to come, and possibly more if the Chinese difficulties are not soon amicably settled, the subject is of vital importance. And the conclusions and sanitary suggestions of Dr. Vaughan are applicable to summer watering places everywhere, and also to village and city health boards.

We take pleasure also in presenting the able paper of Dr. A. T. Wilson, of Indianapolis, upon "Convulsions," with the ample discussions by Drs. T. B. Rankin, of Odon; T. F. Wood, of Angola; J. L. Thompson, of Indianapolis; A. E. Sterne, of Indianapolis; W. R. Cravens, of Bloomfield; John Moffett, of Rushville; B. H. Perce, of Anderson; C. S. Bond, of Richmond; C. H. McCully, of Burnettsville; C. K. Bruner, of Greenfield, and N. L. Deming, of Fort Wayne. It is the constant effort of this journal to present timely and practical articles to its readers, and we are particularly pleased to mention these papers of Drs. Vaughan and Wilson.

### The Central Dental College.

The National Association of Dental Faculties met in Old Point Comfort, Va., last week, and during the session admitted the Central College of Dentistry (the new school of this city) to full membership. The Central School will now have the same standing in all States that may be accorded to all the older dental schools. The Central College was represented before the association by its dean, Dr. M. F. Ault, and its president, Dr. J. E. Cravens, both of this city.

### The Plague in San Francisco.

The newspapers of the city keep up a steady abuse of the Board of Health and the people refuse to believe the plague is present, because (1) of the few deaths; (2) the disease has not been proven while any patient was living; and (3) no two cases occurred in the same house.

But Dr. Douglass W. Montgomery, well known to the present writer as a competent pathologist and diagnostician, informs the Journal of the American Medical Association, of July 14th, that

the plague has caused the death of twelve persons, as proven by inoculation of rats and by bacteriological findings. Hog cholera and rabbit septicæmia are ruled out by experiment; the bacteria of no other disease are confusing. As to the objections, it is known the Chinese secrete their sick, and the habitation of a Chinaman constantly changes. The plague does not enter a community rapidly. Dr. Montgomery fears the plague will appear the coming winter with increased virulence.

### Trailing Skirts and Infectious Diseases.

The opinion is gaining ground in the profession that the continued prevalence of various infective diseases is due very largely to the germs being carried into the houses by the trailing skirts of women. Already it has been recognized that the dried sputum of the tuberculous patients is being carried into homes and disseminated in the same way. Reform in this matter must come from the intelligent classes in every community. A few women of recognized social position could easily set the stamp of fashion upon the hygienic short walking skirt.

The above is from the July Atlanta Journal of Medicine. In Indianapolis men are now compelled to refrain from spitting upon the walks, so that the skirts of women are better protected from sputum.

The trail is incomparably filthy, and sensible women only wear it because it is the fashion. They do not enjoy it. Miss Catherine Merrill, the woman of greatest influence as an educator and type of true womanhood in Indiana, was unalterably opposed to the long skirt and had no hesitancy in saying so. But such women are not the "leaders of fashion," and their influence in this regard is of little avail.

### PERSONAL.

### Dr. O. B. Shafer.

Dr. O. B. Shafer, of Geneva, Ind., was in the city in middle July. His wife has been ill in St. Vincent's Hospital, but is improving. Dr. Shafer is a graduate of the Indiana Medical College, class of 1897. (A later note from Dr. Shafer

states that his wife died July 26.— Editor.)

### Dr. H. K. Langdon.

Dr. H. K. Langdon, who was one of the house physicians at the City Hospital during the term of 1899-1900, has located in this city at the corner of Central avenue and Twenty-fifth street.

### Dr. J. A. Pfaff.

Dr. J. A. Pfaff, of this city, has recently been commissioned a Captain in the Medical Corps of the State militia. He will be attached to the brigade staff.

### Dr. M. P. Arthur.

Dr. M. P. Arthur writes that he has removed from Alfordsville to Patoka, Ind., and desires the address of the Journal changed accordingly.

### Dr. George W. Gould.

A card from Dr. George W. Gould, editor Philadelphia Medical Journal, states that Dr. S. Weir Mitchell's poem, "The Physician," published without due credit in this journal from the St. Louis Medical Weekly, was the exclusive property of the Philadelphia Journal. We make the recognition due courtesy requires, but it makes little difference where the great poems like this of Dr. Mitchell's or Kipling's "Recessional" appear. They will live when editors and publishers are forgotten.

### Dr. William V. Morgan.

The Journal regrets to announce the continued ill-health of Dr. William V. Morgan, of Indianapolis, one of the most worthy, capable and progressive of Indiana teachers, surgeons and physicians. He is now under the medical care of Drs. John B. Long and Simon P. Sherer, of Indianapolis, undergoing treatment for some gastric and intestinal disorder. The entire profession in Indiana will hail his restoration to his accustomed health and strength.

### Ethnology at the Pan-American.

Dr. A. L. Benedict, of Buffalo, the superintendent of the Department of Eth-

nology and Archæology for the Pan-American Exposition of 1901, Buffalo, N. Y., asks physicians to loan or contribute collections or relics and skeletons from Indian graves.

### Meeting of the Physicians of Marshall Co.

The Marshall County Medical Society met at the office of Drs. Borton and Aspinall. The meeting was unusually well attended and some very interesting papers were read and discussed. The important feature of the meeting was the action taken in regard to the proposed amendment to the medical law which will come before the legislature this coming winter.

The secretary of the society was instructed to communicate with our next representatives and endeavor to secure their support to a medical bill that will require an examination for license, and only those holding a diploma from a medical college, with a four years' course, will be eligible for this examination. Provision will be made for reciprocity of State licenses, maintaining a standard not lower than those provided for in the law. The law will also be requested to define the meaning of the term, practicing medi-The society intends to assist the committee on medical legislation of the State Medical Society all it can to obtain a higher standard in the medical profession.—From the Plymouth Daily Independent of June 30, 1900.

### Fort Wayne Notes.

From the Fort Wayne Medical Journal Magazine we learn that Dr. George C. Stemen will locate permanently in Denver on account of the health of his wife. Dr. Lomas, who has served faithfully as smallpox physician, will locate in Chicago. Dr. Carl Schilling has been studying in Germany for a year, and has resumed his practice in Fort Wayne, much improved in health. The Fort Wayne College of Médicine has its catalogue in press and will occupy its new building the coming session. D.r S. P. Buchman is visiting the Western cities in the interests of the Physicians' Protective Association, which assumes liability and responsibility in defending in malpractice suits. The association originated in Fort Wayne and has a capital stock of \$100,-000.

The Journal has an article by Dr. John N. Hurty, secretary of the State Health Board, read before the Allen County Medical Society June 25, 1900, on "Contagious and Infective Diseases in Indiana. Dr. Miles F. Porter discusses the "Division of Fees" by the specialist with the practitioner who refers the patient, analyzing and opposing Dr. E. Lamphear's paper on this subject before the Missouri State Society in May. Dr. Porter says: "Why should not the country doctor plainly say to the city specialist, 'I have a patient with appendicitis who is able to pay \$600, will you operate for \$400 and allow me \$200 for the preparation, after treatment, etc? What would be wrong about this?' We submit that thus far there is nothing wrong, but if the country doctor goes farther and asks the specialist to collect the whole fee and turn onethird or any part of it over to him, then the country doctor writes himself either a moral coward or a trickster, and the specialist if he complies with the request virtually pays a commission."

### A Doctor's Protective Association.

Converse, Ind., July 16, 1900. Editor Indiana Medical Journal:

Dear Sir: Enclosed find \$1 to apply on subscription to Indiana Medical Journal, beginning with the current number. I also enclose you copy of constitution and by-laws of Physicians' Protective Association, recently organized here. It works well and would be still better if its scope was further extended so as to include I understand there are more territory. other similar organizations in the State. If so I would be glad to correspond with society secretaries so as to keep each other posted upon removals, etc. A certain undesirable practice is that which changes location every few months and attempts to "do up" all the physicians possible. From the nature of this organization no doctor will refuse to join it, as its sole object is to help him collect his bills and to assist him financially in other ways.

If you wish to notice this constitution and by-laws in the Journal with a few comments along the above lines it might be the means of the formation of other similar organizations. Yours truly.

R. H. HARDMAN, M. D.

### NECROLOGY.

### Alexander J. C. Skene, M. D., LL. D.

Dr. Alexander J. C. Skene, of Brooklyn, N. Y., died on the night of July 4th at his summer home at Highmount, in the Catskill Mountains. Dr. Skene was born in 1838 in the parish of Fyvie, Aberdeenshire, Scotland. He came to this country when nineteen years old, and soon after his arrival he entered the University of Michigan. From there he went to the Long Island College Hospital in Brooklyn, from which institution he was graduated in 1863. He offered his services to the government in the Civil War, and went to the front as a surgeon. with the army he evolved a plan for a hospital corps which is to-day in use in the army and the National Guard.

After the war Dr. Skene was appointed adjunct professor of medicine at the Long Island College Hospital Medical College. For many years he was professor of gynæcology and dean of the college, but resigned from the faculty about a year ago in order to devote his energies to the establishment of the Skene Hospital for Self-Supporting Women. It was intended to open this hospital in the autumn of the

present year.

Dr. Skene was a gynæcologist of great skill and was widely known through his writings on the diseases of women. He was formerly professor of gnyæcology in the New York Post-Graduate Medical School. He was a member of several other medical societies and was also a corresponding member of the Boston, De-

troit, British and Belgian Gynæcological Societies.

Dr. Skene was a lover of art and was himself a sculptor of fair abilities. He also had literary tastes and had published one novel.—The New York Medical Record.

### John Ashhurst, Jr., M. D., LL. D.

Dr. John Ashhurst, Jr., died at Philadelphia on June 7th, at the age of 61 years. He was graduated from the department in art of the University of Pennsylvania in 1853, received the degree of A. B. in 1857, and that of A. M. in 1860, when also he was graduated from the medical department. Soon after the outbreak of the Civil War Dr. Ashhurst

was placed in charge of Cuyler General Hospital, Germantown, serving here and at the Chester United States Army General Hospital from 1862 to 1865.

Dr. Ashhurst was from 1863 to 1880 surgeon to the Episcopal Hospital. In 1877 he was elected clinical professor of surgery in the medical department of the University of Pennsylvania and surgeon to the University Hospital. In 1887 he became surgeon to the Pennsylvania Hospital and in 1888 was appointed John Rhea Barton professor of surgery in the university.

Dr. Ashhurst was an able and voluminous writer, and he was a member and an officer in many medical societies.

### Georges Apostoli, of Italy.

Dr. Apostoli died prematurely, at the age of 53, of influenzal pneumonia. Apostoli will be chiefly remembered for his ardent advocacy of the use of electricity in medicine and surgery, more particularly in the treatment of uterine fibroids. He edited a journal devoted to electrotherapy. Apostoli was an indefatigable worker, and his loss at this time is much to be deplored.—Medical Bulletin.

### Corrado Tommasi-Crudeli, of Italy.

This celebrated Italian physician recently passed away. He was one of the most distinguished and scientific physicians of Italy. He was also an efficient member of the Italian parliament, and had served in both houses with credit to himself and benefit to the State. Dr. Tommasi-Crudeli was known as a writer of authority on medical subjects and had devoted much study to the question of malaria.—Medical Bulletin.

### Fessenden Nott Otie, M. D.

Dr. Fessenden Nott Otis, of New York City, died on May 24, at the New Orleans Sanitarium in this city, at the advanced age of 75 years. The doctor had been spending the winter South, when an attack of pneumonia confined him to his bed. While convalescing, a carbuncle of the back developed which, in spite of all efforts, caused his death. Dr. Otis was one of the foremost men in the medical profession for the past quarter century.

For some time Professor of Surgery at the College of Physicians and Surgeons in New York City, he created special fields of work in surgical procedures, especially in the genito-urinary branch.—New Orleans Medical Journal.

### Paul Gibier, M. D.

Dr. Paul Gibier, of New York, founder of the American Pasteur Institute, prominent in the scientific world, died May 10th from injuries received in being thrown from his carriage, in the fiftieth year of his green.

his age

He was sent by the French government in 1888 to study the yellow fever in Havana. He came to New York in 1889, and in the following year established here an institute for the treatment of hydrophobia, following the method discovered by Dr. Pasteur, with whom Dr. Gibier was associated for several years.

Dr. Gibier had studied and written extensively on yellow fever, cholera, epilepsy and consumption. He was one of the founders of the Bacteriological Society of New York, and was regarded in his profession as an authority on bacteriological subjects. His achievements had won for him the cross of the Legion of Honor from the French government.

From researches in hypnotism, hypnomagnetism and psychic experiment he reached the conclusion that in their manifestations are found absolute proofs of immortality, in that they prove, as he held, that intelligence exists apart from matter. His views on this subject attracted considerable stir in the scientific world.

Dr. Gibier leaves a widow and a nephew in this country, and a mother and a sister in France. The nephew, Dr. George G. Rambaud, will probably succeed Dr. Gibier as the head of the Pasteur Institute.—The Medical Times.

### Reviews and Book Motices.

Duane's Medical Dictionary.—New (3d) edition. A dictionary of medicine and the allied sciences. Comprising the pronunciation, derivation and full explanation of medical, pharmaceutical, dental and veterinary terms; together with much

collateral descriptive matter, numerous tables, etc. By Alexander Duane, M. D., assistant surgeon to the New York Ophthalmic and Aural Institute; reviser of medical terms for Webster's International Dictionary. In one large square octavo volume of 656 pages, with eight full-page colored plates. Cloth, \$3, net; full flexible leather, \$4 net. Lea Brothers & Co., Philadelphia and New York.

The book now includes pharmacy, dentistry and veterinary medicine. Obsolete and useless words are omitted. Dr. Duane has proved himself a good definer. Colored plates have been added. This book fills the place between a pocket dictionary and an encyclopedia work. It is well-

printed and aesy to read.

An Introduction to Dermatology is the modest title of a most suggestive and helpful treatise on cutaneous medicine and surgery, by Dr. Norman Walker, Assistant Physician to Diseases of the Skin in the Royal Edinburgh Infirmary. Readers of our book reviews know our preference for the English authors on skin diseases—such as McCall Anderson, Crocker, Pye-Smith, Malcolm Morris and This book is one of the English models. It is approved by Unna. The 20 colored plates are excellent. The reader will not be disappointed. It is printed and sold in the United States by William Wood & Co., of New York. Price not stated; probably \$2 or \$2.50.

Medical catalogues received this month are as follows: Baltimore Medical College; Gross Medical College, Denver; Ohio Medical University, Columbus; Barnes Medical College of St. Louis.

The Central College of Dentistry of Indianapolis. An attractive catalogue of folder size for the pocket. Dr. Junius E. Cravens, President; Dr. M. F. Ault, Secretary; Dr. Ernest E. Reese, Treasurer.

D. APPLETON & Co. have opened an office in the Stevenson Building, Indianapolis, which will be headquarters in Indiana for their publications.

They are represented by Mr. Henry S. Hartman, who is the manager of agencies. The house will introduce in every town in

Indiana the "Johnson's Universal Encyclopedia," which was noticed at length in our April issue, page 441; the "Scientific Library," including the main works of Darwin, Huxley, Spencer, Tyndal and others; also the "World's Great Books," the literary classics of all nations and ages.

Their full line of medical books will be represented by two salesmen, who will go through the State the coming fall and

visit the book-buying physicians.

The Sexual Instinct; Its Uses and Dangers as Affecting Heredity and Morals.—
By Dr. James Foster Scott, of Yale and Edinburgh Universities. New York, E. B. Treat & Co. This book we have received through the courtesy of Mr. John P. Hobart, medical bookesller, Hulbert Block, Sixth and Vine streets, Cincinnati, Ohio.

This is a conscientious attempt to turn the great current of the sexual activities, which is one-half, functionally speaking, of the whole course of human life into orderly channels. To some people the sexual instinct is all there is in life. This, and hunger appeared, and they are satisfied.

"Some day Philosophy, no doubt,
A better world will bring about;
But until then, a little longer,
We'll blunder on by Love and Hunger,"

said Schiller, and this book is an effort to prevent the blunders. It contains the essential chapters on physiology of the sexual life; results of impurity; the degradation of woman; causes of sexual immortality; causes of prostitution and its regulation; criminal abortion; the venereal diseases and the perversions of sexual The book is cleanly and purely instinct. written and contains matters which every physician should know from both a moral and a professional standpoint. The price is not prohibitory; \$2.50. Probably the best work accessible on this important topic.

Fractures.—By Carl Beck, M. D., Visiting Surgeon to the St. Mary's Hospital and to the New York German Poliklinik; formerly Professor of Surgery, New York

School of Clinical Medicine, etc. Price, cloth, \$3.50 net.

It is probable that the discovery of the Rontgen rays and their application to the diagnosis and treatment of fractures and dislocations has been the incentive which has led not only to the publication of this work, but to numerous others which have appeared within the past year. Happily, all of them have been of considerable merit. As to the value of the X-rays each writer differs from the others.

Stimson, in his treatise, states that but little is revealed by the X-rays, which cannot more easily and positively be recognized by the ordinary methods of examination. Beck, in this work, takes an extreme view in favor of the Rontgen rays. He not only dedicates this publication to Rontgen, but also appreciates his discovery as invaluable, not only as an aid to diagnosis, but as a means of control during repair to maintain perfect opposition of the fragments.

The first chapter is devoted to a consideration of the value of the rays in the various fractures. The appendix is a discussion of their nature and means of production and the practical application and possible errors of skiagraphy in general surgery and medicine.

As Beck has had the advantages of laboratory work with Rontgen, and has, since 1896, taken more than 3,000 skigrams, his opinion merits the greatest consideration.

In regard to X-ray burns, he says: "In the great majority of these cases the burns of the skin were caused either by the ignorance of the unskillful operator, the tube being too near the object, or by too prolonged and too often repeated exposures."

In writing on fractures of the diaphysis of the humerus the author confesses the radial nerve with the musculo-spiral. As a complication of this fracture he cites the laceration or compression of the radial nerve because of its situation on the periostem of the bone. It is the musculo-spiral which is endangered.

Like all publications from the house of W. B. Saunders & Co., this is an excellent model of the printer's and book-maker's arts, with large print, heavy paper and 175 illustrations.

N. E. J.

### Physicians' Summer Vacations.

Dr. L. C. Cline, of Indianapolis, started Wednesday, Aug. 1st, for Penetang, east shore of Georgian Bay, with his family, for a summer fishing trip and outing. The house-boat is the fad there; mosquitoes are better fought in a house-boat and you can wear lighter flannels.

Drs. H. O. Pantzer and W. N. Wishard, of Indianapolis, will spend the month of August on the shore of Lake Michigan, with their families, a few miles north of Traverse City, in the property built and owned by Drs. J. A. Sutcliffe and Simon P. Scherer for a summer resort.

Dr. Theodore Potter and family, of Indianapolis, have just returned (Aug. 1st) from a month's outing in the vicinity of Asheville, North Carolina, the "Land of the Sky."

# The Medical Mirror's Prizes for Essays on Tuberculosis.

The Medical Mirror, in its issue for June, offers for the best theses on tuberculosis one thousand dollars in prizes, to be distributed as follows: Three prizes of five hundred, two hundred and one hundred dollars respectively, and four The followprizes of fifty dollars each. ing gentlemen, we are told, have consented to serve on the committee of award: Dr. William Osler, Baltimore; Dr. George F. Butler, Chicago; Dr. A. R. Kiefer, St. Louis; Dr. C. Lester Hall, Kansas City, Missouri; Dr. H. R. Hall, St. Louis; Dr. Lewis E. Lemen, Denver; Dr. Joseph M. Mathews, Louisville; Dr. W. W. Grant, Denver; Dr. Thomas Hunt Stucky, Louisville; Dr. Hugo Summa, St. Louis; Dr. Walter Wyman, Wash-The entries will close on ington, D. C. October 1, 1900, and the award is to be made on January 1, 1901.—New York Medical Journal.

### A Checkered Career.

Dr. Heneage Gibbes, according to the Saturday Evening Post, Philadelphia, June 30th, enjoys the distinction of being the only Chinese mandarin to hold an American office. He is English by birth, ran away from home at fourteen and went to sea. He was shipwrecked on the coast of China, and fell in with

pirates, who turned him loose without After reaching a Chinese town he fell in with an Englishman who equipped him for a mission to a rebel army, from which he drifted into the Chinese service. In command of a gunboat, with a mixed crew, he patroled the coast, capturing outlaws, pirates and smugglers. On one occasion he seized a cargo of contraband opium and made for the sea. For this he was summoned into the presence of royalty and made a man-His career since then has been a return to England for the study of medicine, a commission to India for a cholera investigation and a resignation to take the chair of pathology in the Michigan University. Dr. Gibbes is also to be remembered as the Health Officer of Detroit. -Journal American Medical Association.

### Treatment of Varicose Ulcers.

M. Clado says the antiseptic treatment alone, by means of powdered phenic acid dusted on the ulcer two or three times daily, will often lead to cure if there has not been too deep or too great a loss of substance. Chlorine water is efficacious if the ulcer is atonic. Compresses of it are laid over the ulcer and covered with gutta-percha tissue, being renewed three or four times daily. When cicatrization begins, diachylon ointment may be em-Passive congestion by means of a rubber constrictor is sometimes useful. Hard, indolent ulcers may be excised by a circumferential cut, the incision going down to the periosteum. Skin-grafting may have to be resorted to in the last instance, and may be of three varieties: epidermic, dermo-epidermic, or cutane-Amputation is rarely found necessary.—New York Medical Journal.

### Time Enough for Culture.

Give to any man all the time that he now wastes, not only on his vices (if he have any), but on useless business, wearisome or deteriorating amusements, trivial letter writing, random reading, and he will have plenty of time for culture.

"Die Zeit ist unendlich long," says

Gothe; and so it really is.

Some of us waste all of it, most of us waste much, but all of us waste some.

—Matthew Arnold.

No. 3. Vol. XIX. INDIANAPOLIS, SEPTEMBER, 1900.

Price, \$1.00 a Year, Whole No. 219,

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# Indiana Medical Journal.

Vol. XIX. INDIANAPOLIS, SEPTEMBER, 1900.

No. 3.

### Addresses and Original Communications.

# SOME HOOSIER DOCTORS OF MY ACQUAINTANCE.

BY DR. MILES F. PORTER, FORT WAYNE.

Not every hero is immortalized in song or story. Every neighborhood could boast of its hero, if it but knew. Far be it from me to attempt to detract one iota from the glory of those whose deeds or words have gained for them the plaudits of the world, the nation, or the State. No one has a greater love for good deeds, nor a higher appreciation of brave acts than I, but I love such deeds and appreciate such acts when done in the quiet humdrum of life, quite as much, aye more, than when done under the stimulus of martial music, with the eyes of a multitude looking on. 'Tis the hero of every-day life whose praises I would sing. The hero of little things, if you please. The kind of heroism that seeks the approbation of the conscience, rather than that of the crowd; and expects its reward not from the government, but from God. The kind of man who would rather be right than popular; the kind of man, in short, who lives, and thinks, and acts, in such a way as to assure himself that he is in decent company when he is alone.

The medical profession may justly claim her full quota of such heroes. They are to be found alike in city, town and country. Their modest signs are to be seen adorning brown-stone fronts, usually rented ones, and hanging from limbs of spreading oaks and graceful elms, in the embrace of whose cool, inviting shade everyone in the neighborhood has rested, save him whose sign hangs there.

It has been my pleasure to know some of these Hoosier heroes of the profession,

hearing of a few of them. Some of whom 1 shall speak are living. Not one of them but is or was known to some who are here to-night. One of my earliest acquaintances among those of whom I shall speak was one whose friends most often hailed by the name of "Jim." Seldom was he honored even by the appellation of "Doc." As a sort of compromise, he was sometimes referred to as "Doc Jim," to distinguish him from his father, who was also a doctor. "Doc Jim," as I knew him, was a man of about 40 years, with a full gray beard, generous head of white hair, broad shoulders, deep chest, honest blue eyes, rather large mouth, which opened when he laughed till it looked like a railroad tunnel in miniature. The sound of his laughter was rather too loud for the drawing room, but it had the ring of the true metal of which the man was made. "Doc Jim" didn't have money enough to graduate before he began practice, so he got married, hung up his shingle and began to build up a practice and a family at the same time. The family, of course, increased with greater rapidity than his practice. Well, "Doc Jim" hadn't had his shingle repainted before he was called to a part of the town, in which he lived, known by the euphonious name of Gooseville, to attend a lady in confinement. The sick woman was the wife of a poor Irishman and the mother of several children. All lived, slept, ate, and grew sick and died, if needs be, in the same room, which, by the way, was in the second story of a frame shanty. Jim had no sooner learned that the woman was in immediate need of assistance, and set about, with the help of a couple of neighbor women, to render it, than in came the husband, just sufficiently under the influence of his national beverage, to be ugly. "Phwat the divil's the mather here?" said he, seeing the women

and I thought perhaps you might enjoy

and "Doc Jim." "Sh-," said one of the women; "your wife is very sick and we had to call the doctor." "Docther be d-d," said he, "Oill have no docther here; she's had the rest o' them with no dochter in the house, an' she'll have this one the same way, or she'll kape it." Seeing that "Doc Jim" paid no heed to him, he laid hold of his shoulder, intent upon putting him out of the house, whereupon "Doc Jim" arose quietly, though expeditiously, and with more vigor than dignity, assisted the drunken husband to the foot of the stairs, remaining himself at Then taking a stick of stovewood from the wood-box at his hand, he held it aloft and explained that if he entered that room again without his permission, he would brain him, and returned to his work. The man obeyed, the mother and child did well, and "Doc Jim" was paid (and well paid, he thought, because he knew the promptings of that mother's heart) by having the baby named James. As I indicated above, Jim's practice was only a rather indifferent second to his family, so he was the possessor of several children before he could raise money enough to enable him to become the possessor of a sheepskin. But by dint of grit, hard work and economy on the part of his family, as well as himself, he finally secured a degree at Rush.

He had hardly time after his return from college to renew his acquaintance with his family before the war broke out, and he volunteered as an assistant surgeon in an Indiana regiment. During one of the memorable battles of that war "Doc Jim" was engaged in taking care of the wounded in a field hospital located dangerously near the firing line. Assisting him was the Irishman whom, as above recited, Jim had thrown down stairs on a previous occasion. The hospital tent was pitched near a rather deep gully. While busy dressing a soldier's thigh, which had been frightfully lacerated by a grape shot, there came with hiss and shrick a shell, which lit within a few feet of the workers. Looking up from his work, "Doc Jim" grasped the situation in an instant, danger was realized and remedy found. "Kick that thing down hill," said he to the Irishman, who, with the instinct of a soldier, jumped to obey the order. But upon nearing the shell, and finding the fuse

short and rapidly burning shorter, he turned and threw himself upon the ground, exclaiming, "God save us, it's goin' to busht," and 'busht" it did, but not until it had reached the bottom of the gully, where it had been sent by a wellaimed kick from "Doc Jim's" sturdy leg. In that gully may be seen to this day on many a trunk and limb of tree signs that mark the furious path of those missiles of death, which path, but for Doc Jim's heroism, had been blazed through trunks and limbs of flesh and blood. In justice to the Irishman, let me say that notwithstanding his seeming cowardice, he was by no means totally devoid of the elements of heroism, and to convince you that this is true, I need only tell you that he was a good soldier, a true friend to "Doc Jim," and regarded the chastisement he received at the hands of the latter as the greatest honor that was ever conferred upon him. For, to use his own words, "I'd rather be kicked by the loikes av him than patted on the back by lots of men I know. He knocked the ager out of me, whin it had near shook all the wind out o' me body; and knocked sinse into me, and saved the life o' the best wife and fairesht boy that God Almighty ever blest an Oirishman wid. God bless him! I'd sthand and give him anither go at me wid his foot for anither shake of his warm hand."

I don't know where Dr. A. was born, but I hope to learn that it was Indiana; at any rate his professional life was spent in Hoosierdom, and most of it not a thousand miles from where the classic Limberlost did its best to empty the brackish water of the loblolly into the Wabash River. Over six feet, without his boots, he might, like Voorhees, have been called the "Tall Sycamore of the Wabash." If you walk along the banks of this river you will see many of these trees growing on the very edge of the stream, drawn to it by the love they bear it, until the unceasing wash of the water robs them of part of their support, and causes them to lean and stoop. So the tall form of Dr. A., when I knew him, had been stooped by the constant wear and care of the profession, which he loved so well and adorned so much. He had a full forehead, a kindly blue eye, spoke in low tones, and while he was fond of telling his experiences to the right kind of an audience, was not much given to talk, and like all truly great men, was a splendid listener. Though modest almost to shyness, he was a man of great force of character, quickness of perception, originality and ingenuity.

A couple of incidents occurring in his professional life will serve to show that he possessed these latter attributes in a more

than common degree:

A country lad, with more inquisitiveness than wisdom, sought to make some
observations on a mule his father had just
bought, and to do so stuck his head
through a crack between the logs of which
the barn was built. On this occasion the
unexpected did not happen, but the expected did. That is to say that any one,
well acquainted with mules, would have
expected just what happened. It is but
fair to the boy, who is a man now, to say
that he didn't know much about mules at
this time, as this was the first his father
had ever owned.

As I said, the expected happened—the mule kicked, catching the boy's head between the hoof and the log, crushing the skull, and driving the fragments into the brain.

Dr. A. was called to see the boy, and upon examination saw at once that trephining was necessary if the boy's life was to be saved. But he had no trephine, nor was there one nearer than fifty miles, and this one could only be had by a trip on horseback, over roads barely passable. It was necessary to do something soon. The doctor was equal to the occasion. He went back home, procured a scroll saw from a carpenter, took it to the blacksmith shop and there made out of the blade of it with his own hands a trephine, went back to the lad, did the operation, and saved the boy's life.

On another occasion he was called to see a man injured by a log rolling on him. The doctor found a fracture of the thigh and also found that the fracture had occurred in the thigh of a limb which had had previously for years been deformed by reason of a stiff hip joint, which held the limb nearly at a right angle to the trunk. The fracture allowed the deformed limb to lie parallel with its fellow, i. e., the deformity was gone. The doctor at once concluded that by dressing the limb straight, without trying to bring the fragments in line, he could cure the old de-

formity. He did so with a perfect result; and, therefore, is entitled to the credit of being one of the first, if not the first, to cure deformities of this kind by applying the principle, now almost daily applied in the treatment of these cases, that by producing a second angle of proper degree a deformity due to an existing angle may be overcome.

One stormy, cold morning, about the break of day, there sounded at the door of a log cabin, nestling in the heart of one of the large forests, at that time common in this State, a feeble knock, followed by a sound as of one falling or leaning heavily against the door. The good wife opened the door and was confronted by a man leaning wearily against the door frame, his limbs trembling under him, his feet bare, bruised and bleeding, and with clothing so torn and attered that it but imperfectly hid his nakedness. In a voice scarce above a whisper, because of exhaustion, he begged for food and a place to rest. His request was granted. After eating like a famished wolf, he was shown a bed. His weary limbs had scarcely felt the inviting warmth of the old-fashioned feather bed upon which he lay ere he was fast asleep. But a short time elapsed until the woman, at her work in an adjoining room, heard him talking, and thinking he wanted something, went into the room and found him tossing in the bed in a high fever, with delirium. Dr. A. was sent for, and found the man seriously ill with lung fever. In his delirium he would occasionally drop words and phrases which made it clear to the doctor and the people of the house that he was fleeing for his life; but from his disconnected talk they could learn nothing more; and who, and what the man was, remained a mystery until about four weeks later. During this time the man had grown worse, then better, and was now convalescent. The doctor and the host and hostess, however, respecting the man's reticence, made no inquiries of him. On returning from one of his daily trips to the patient the doctor's attention was attracted by a notice nailed to a tree which stood three miles distant from the house, at a point where the road to the house met the main road, leading to the town. Dollars being scarce with the doctor, it is not strange that he was attracted by the notice, for it

was headed \$1,000 Reward. Seeing the heading, the doctor rode up near the tree and found that the reward was offered for -, male, about 40 years old, 5 feet 10 inches high, gray sandy hair and whiskers, etc., etc., a fugitive from justice. In fact, the doctor learned that his patient had been captured with John Brown at Harper's Ferry, and sentenced to death, but had escaped, and was supposed to be making his way on foot to the Canadian border. Hiding by day, walking by night, he had gotten this far when, overcome by hunger, exhaustion and disease, he was forced to ask shelter and food. The doctor tore the notice down, put it in his pocket, and burnt it when he reached home, trusting the bad roads, it being early spring time, to keep from his patient's host and hostess the information which would mean to them almost a fortune. At a visit made a few days later, the doctor found his patient well, but weak. Taking the doctor into his room, the man said to him: "Doctor, I suppose you wonder who I am and how you are to be paid for your services." "No, I don't," said the doctor. "I don't want you to say anything more about this, but come out and we will take a little stroll through the woods." Getting out of the house, the doctor gave the patient his arm, led his horse by the bridle and, announcing that he was going to take the patient a little walk, started in the direction of the town. When they were out of sight and alone, the doctor turned to the patient and said: "If you are prudent, you will get on all right, but don't hurry too much. I will show you the nearest station on the 'underground railway;' it is within two miles; once there you will have no trouble reaching the Canadian border. Good-bve, and good luck." Too full for words, the patient grasped the doctor's hand, and, with tears of gratitude trickling over his sunken cheeks, he turned and started on his journey. Thus did Dr. A. prove that he was not in business for revenue only, and that he was worthy of the confidence and esteem in which he was held during his long life by all who knew

Dr. H. was one of those big, bright, hearty, brusque fellows, whose cherry "Hello, there, old fellow," was as good for the blues as a glass of champagne. His

piety was not of the aggressive sort; indeed, I have known him to swear on proper occasions. He was a deep thinker, a wide reader, a good writer, an entertaining conversationalist, and a man of recognized professional ability. His religion consisted rather in deeds than in faith.

Traveling eastward one day on the Wabash Railroad, I met my friend H., who, upon inquiry, told me he had been to Chicago to look into an investment in which a friend of his, in whom he had confidence, had said there was "millions." "It's the best money-making business I know of. They are making money hand over fist now, and with more capital could make more," said he. "How much stock "Well," said I, "how did you find it?" did you take?" I asked him, knowing he had some money and could buy if he liked. "Not a cent's worth," he replied; "and I am glad of it." "Why?" I asked. "Well, I'll tell you, but don't say anything about it, for I'm ashamed of myself for seriously thinking about it even. It was a patent medicine scheme, and, of course, an infernal swindle, as you and I know, though many of the stockholders are good, honest men, but, not being doctors, of course, don't know that it is a fraud. I might have bought the stock and enjoyed the profits without anyone knowing I was ir terested in the matter, but I just said to myself, you may do this and none of your acquaintances or friends know anything of it, but if you do you will have to spend the rest of your days in the company of a d—d rascal, and," said he, "I didn't want to do that, so I didn't in-

In conversation not long ago with another old Hoosier doctor of my acquaintance, the subject of heroism came up. The doctor's ideas seemed to me to be about right, albeit, they were expressed in language rather characteristic than elegant. Getting warmed up somewhat at some opinions I expressed, he repeated the following:

What's a hero anyhow? That's what I'd like to know.
Is it him as goes to Congress 'N makes an everlastin' show
Of his powers of speechifyin'
An' his capacity fer drink?
His wealth of wind and whiskers
And his poverty of think?

Must a hero dress in uniform An' shuck his duds o' jeans? An' buck up against a cannon An' get blown to smithereens? Er run against a bay'net 'N climb the golden stairs In some dod-blasted country A thousand miles from anywheres?

Must he be a great commander Of an army in the field, Whose harvest is disaster? and in proportion to the yield Of blood and life and pain Is the honor?

Must he get into the papers, With big headlines at the top, An' be talked of in the street cars, On the corner, 'n in the shop?

Must he save a shriekin' maiden From the seethin' angry flames, Er run a yaller journal 'N call decent people names?

Now, I hain't never been to college, An' not over much to school, But, accordin' to my thinkin', There's a screw loose in the rule For makin' heroes nowadays, An', 's far as I can tell, its been Just about the same always.

See that little feller yonder.
Lookin' in that bake-shop winder,
With an appetite to fit a millionair,
An' a pocketbook as empty 'n 's bare
As his stumick and his feet?
With his innards 'n his back
In such close communion that
A mustard plaster put behind would do as well
To cure the cramps, in case he had a spell,
As 'twould in front!

The world 's had lots o' chaps like him Who've grown to man's estate 'Thout a scratch upon the slate of their consciences

We show that the wants 'at made 'em thin, Alike in cloes an' limb, Ever scored a single fall In the battle waged through all Their boyhood days.

To say to him belongs the credit not to mc, Requires bravery greater than we often see Made the groundwork of the poet's song, Or the basis of the plaudits loud and long Of the multitude.

Let them, as wants to, tell
In verse and song, of those who fell,
'Midst noise an' din of battle,
With the roar of the guns an' the rattle
Of the drums to cheer 'em on.
What I started out to say,
In my unedicated way,
Was simply this:
That the feller who does right
When no boddy's in sight,

Jes the same's when he's in a crowd; An' does just all he can To square himself with God 'n man, Is doin' bout as much To bring himself in touch With true heroism as it's possible to do. 47 W. Wayne St.

### AMENORRHEA.\*

BY L. H. DUNNING, M. D., OF INDIANAPOLIS.

Amenorrhœa may be defined as a permanent or temporary absence of the menses during the period of life at which they should be present. It has its causation in general states of the system or local pathological conditions of the sexual organs. Of the general states it may be said that the most frequent causes of amenorrhœa are those constitutional diseases which lead to the general impoverishment of the blood and to anæmia. Bright's disease is a frequent etiological factor, and in this disease the cause of amenorrhœa may be found in circulatory disturbances as well as in the anæmia always present. Tuberculosis is another common cause of amenorrhœa. Here the anæmia due to malnutrition and the exhaustive nature of the disease are the chief factors in bringing about amenorrhœa. So common a causative factor is tuberculosis, and so often is it mistaken for a result of amenorrhea, that it is worth our while to pause a moment and consider more specifically the clinical aspect of amenorrhea dependent upon tuberculosis.

The laity ascribe to the absence of menses a causation of pulmonary tuberculosis, and so great is their solicitude respecting the appearance of the sanguinary flow that they are continually importuning the physicians to re-establish this function, expecting thereby to turn aside or to cure the phthisis. Nothing could be more fallacious. The writer has been deeply impressed many times by the local pathological findings of cases of tuberculosis attended by amenorrhæa. He can best illustrate this subject by briefly relating the history of a case which came under

his observation recently.

A young married woman, 32 years of age, came to the City Hospital for treatment because of the absence of menses and

<sup>\*</sup>Read before the St. Joseph County Medical Society, January 28, 1900. Published from the Medical Record of July 28, 1900.

presence of great weakness. There were general pallor of countenance and slight cough, and also anasarca. No evidence of Bright's disease was found on examination of the urine, but an examination of the chest revealed extensive tuberculosis involvement of one lung. The patient's anxiety to menstruate seemed to be emphasized by her great fear of pregnancy. There had been an absence of the menses for five The repeated efforts of several physicians to re-establish the function had failed. The physical examination of the pelvic organs revealed atrophy of all the organs of generation. The external labia were infantile, the vagina was small and short, the uterus was atrophied, and the ovaries were small; indeed, the general aspect of these organs was that of those possessed by a woman who had passed the menopause. This condition of the sexual organs is such as has forcibly attracted the attention of the writer upon many occasions, and is sufficient explanation of the futile efforts of many of us in our endeavor to bring about the restoration of the menstrual function in tuberculosis. The change of life which has taken place prematurely has resulted from the profoundly exhausting effect upon the system of the phthisis.

Chlorosis is another disease often attended by amenorrhoa in young women. This disease usually first manifests itself at puberty, and then only because of the unusual demand that is placed upon the circulatory and nutritive systems at the period of the secondary development of the sexual organs. While a deficient development of the arteries has undoubtedly been present from birth, yet this has not been manifested until now. The amount of hæmoglobin has been just sufficient to supply the ordinary demands, but now an unusual supply is needed. The system cannot furnish it. Anæmia results and the menses are not established; or if they have been partially established, they cease to appear.

Still another condition of the general state resulting in amenorrhoa may be found in those young girls living in an unhygienic environment, who take on rapid growth at the time of puberty. The air they breathe is impure, the food is insufficient, and their strength is taxed beyond their power of endurance. The re-

sult is anæmia, and the imperfect or retarded growth of the sexual organs; hence the absence of the menses until years beyond the time at which they usually appear.

The writer has not infrequently seen, and dares say his observations have been duplicated by many of the audience, young women who have suffered from amenorrhœa after acute attacks of scarlet fever and pneumonia. In due course of time, after the blood supply has increased and general nutrition of the body is restored, the menstrual flow is re-established.

Of the local conditions resulting in amenorrhœa I shall first mention atresia of the vagina or occlusion of the outlet from an imperforate hymen. This is a rare occurrence, but I dare say some of you have met with one or more instances The writer is persuaded of this kind. that amenorrhœa from complete occlusion of the vagina from a thickened and imperforate hymen is of very rare occurrence, inasmuch as he, after a somewhat prolonged and extensive practice, has never met with such a case. He has, however, met with one or two instances of partial occlusion of the vagina from an imperforate hymen and partial retention of the menstrual flow, but never an instance in which there was complete occlusion and retention. He once saw a marked case of uterus bilocularis with double vagina in which there was a minute opening in one vagina which allowed a very slow escape of the menstrual flow, so that oftentimes the vaginal tube was distended during the period of menstruation and for some time afterward.

The writer has also met with a curious case of atresia of the uterus and vagina, resulting from sloughing following the retention of a placenta. After healing, the woman never menstruated. For a little time this did not attract attention from the patient, but after a time, as the cicatrix became more dense, other troubles arose, and she sought relief. I saw her a few months after her confinement. vagina was occluded, and there was every evidence of general atrophy of the sexual organs. I dissected my way through the tissue along the site of the original vagina until I reached the cervix uteri, which was also found occluded. No cavity could be found within that organ. The patient did not subsequently mestruate, and, in spite of the utmost endeavor, at the end of three months after the operation the vagina was again obliterated.

One of the most common causes of amenorrhœa in young women is imperfect development of the uterus or ovaries, or both, and it is surprising how frequently one who has much to do with this class of cases will encounter such imperfect development; and it is surprising, too, to note the characteristic marks that are often left upon the woman as a consequence of such imperfect development—as, for instance, in case of the absence or imperfect development of the uterus and ovaries, we will as a rule find stunted women, that is to say, women who have never reached physical perfection. We will observe it in their small hands and feet, small ears and nose, low stature, frequently in their infantile voice, and we will observe it, too, in the absence of those characteristics of anatomical development which are peculiar to the mature woman, namely, the broad pelvis and the rounded bust.

The writer has under his observation at present a patient who well illustrates these facts. She is 19 years old, and has never menstruated. She is small, and while she has been engaged in outdoor work and has a ruddy complexion, yet she has the small hands and feet above referred to, childish voice, and general immature appearance. A physical examination shows an underdevelopment of all the sexual organs, both external and internal. The uterus measures one inch in depth, the cervix is scarcely as large as one end of the finger. The proportionate size of the body and the cervix is nearly normal, showing that there is congenital atrophy of the organ. The ovaries, or what I took for ovaries on combined examination, are infantile. The curious thing about this case is that whereas the breasts are very nearly the size of those of a well-developed woman, yet the nipples are infantile. In other words, we have here that rare condition known as micromasia. In some instances in which there is an absence of the development of the sexual organs it will be found that the victim will possess many characteristics of the opposite sex, that is to say, in growth and general appearance. The voice is somewhat coarse, the chest is flat, the pelvis has the form of that of the male, and beard is likely to appear upon the face.

In not a few cases it will be found that in the development of the organs of reproduction there has been a blighting of the organs developed from the ducts of Muller, so that the Fallopian tubes, uterus and vagina are either absent or rudimentary, and yet the ovaries are well developed. In these instances the woman may be well developed generally, and may possess all the external beauties of the female sex, and unless examined by a competent physician will be entirely unconscious of the extent of her deformity until united in marriage. The writer has met with two instances of this kind. The patients possessed sexual instinct and the menstrual molimen was present. There was, however, an entire absence of the menstrual flow; no vagina, and not a vestige of a uterus could be discovered upon combined examination. The ovaries, however, could be palpated through the rectum. My efforts to establish a vagina in these instances, while at first promising success, were in the end total failures.

There remains yet to be discussed another form of local lesion inducing amenorrhea. It is that form in which there is atresia of the cervical canal, in which there are well-developed ovaries and a well-developed fundus uteri containing a cavity lined by normal mucous membrane. The atresia of the cervix may have been congenital or caused by localized inflammation, such as sometimes occurs during the progress of an attack of measles or scarlet fever, or may be due to an injury such as trauma or the application of Such cases as these are not of infrequent occurrence. In the old times of amputating the cervix for epithelioma when the thermo-cautery was employed, or when amputation was done by the knife and the stump treated by the Sims method, it was not an unusual occurrence to find after a year or two atresia of the os and the retention of the menstrual flow.

Suppression of the menses may occur in women who have been previously healthy. Not a few examples of this kind will be found in school girls who are overworked or neglect to take sufficient exercise in open air. Women, too, who are subjected to prolonged mental strain are prone to become anæmic and emotional. Such women are very liable indeed to suffer from mental disorders.

Inflammatory lesions of the sexual organs resulting in suppuration are not infrequently associated with suppression of the menses. Here we may meet with perplexing difficulties in making a diagnosis. A woman presents herself complaining of slight fever marked pain in the pelvic region, and an absence of menses. breasts are enlarged and tender, the vagina is enlarged and purple in hue, and combined examination reveals a mass nearly filling the pelvis; and the uterus is movable with the mass-indeed, is a part The organ cannot be isoof the mass. lated. The mass is elastic and boggy. The patient is evidently sick, but she has walked to the office or perhaps has traveled from a distant city.

In all my experiences as a practitioner in diseases of women, I have never encountered greater difficulties in diagnosis than are sometimes presented in such a case as this. The diagnosis arrived at after the most painstaking care has not always been entirely free from mistakes.

Recently in a patient who had been acutely ill for five or six weeks, who had had suppression of the menses for four months, in whose pelvis there was a mass of considerable size which was rapidly growing, and whose uterus was empty, the attendant physician and myself diagnosed a double tubo-ovarian abscess. We operated through the vagina, when we encountered a three-and-a-half months' feetus with its placenta, and all surrounded by a considerable amount of clotted blood. Fortunately our procedure was the proper one, and our efforts resulted in the rescue of the woman. In this instance there was not a clear history of rupture of the tubal pregnancy. Our diagnostic error lay in not being able rightly to interpret the meaning of a small amount of bloody serum drawn from the mass by plunging a hypodermic needle into it through the cul-de-sac. The needle-point entered the sac containing the blood clot and only a small amount of bloody fluid was obtained. This demonstrated mistake worked for me considerable good, for by the same means I have twice since differentiated ruptured tubal pregnancy from a pus accumulation.

Double ovarian cysts are sometimes attended by suppression of menses, and if the cysts are not very large and the woman is quite fat, the physician will encounter almost insurmountable difficulties in diagnosis. In such cases the presence of fluctuation alone may be accepted as the determinating point in the diagnosis. Every experienced gynæcologist has met with a considerable number of anomalous cases of amenorrhæa which are to him interesting and instructive. I will not worry you by reciting histories of many of them, but beg to present one.

Two or three years ago a young colored woman was sent to me, bearing a note from her mistress. The note ran as follows: "Please examine Fannie and write me your diagnosis. She is accused of being pregnant. She denies it and I am inclined to believe her, but her appearances are against her, and she confesses to an

absence of menses."

Upon external examination the abdomen was found enlarged to about the form and size of that of a woman six months pregnant. She confessed to me the absence of menses, but said she had never menstruated though 30 years old, and had not told anyone, for she had a lover whom she desired to marry. She declared it was not possible for her to be pregnant. I examined her and found the tumor hard, nodular, and movable. The cervix uteri was very small, as was also the vagina. accepted her statement that she had never menstruated, and passed a small sound into the uterus one inch. Two days later removed a five-pound pedunculated, fibroid tumor of the uterus, and found the uterus and ovaries infantile. The tumor was subserous and pedunculated. The peduncle was not larger than the finger and not more than half an inch long, and was attached to the fundus of the uterus.

Treatment.—An efficient treatment of amenorrhoea must be based upon a correct knowledge of the lesion causing the absence of the mentrual flow. Our efforts to restore the function in Bright's disease and tuberculosis will be unavailing unless we can arrest and overcome the ravages of these diseases. Indeed, the writer would emphasize the fact that active efforts by the administration of powerful emmenagogues are harmful, for such a course is liable to result in congestion of

the pelvic organs and the development of new and distressing symptoms without the hoped-for appearance of menstruation; and, furthermore, should the flow appear, it is prone to lead to greater anæmia, a condition which the attendant physician is using his best efforts to overcome.

Amenorrhæa following acute and debilitating diseases need not as a rule occasion the serious apprehension of physician and patient. Here the chief end should be to restore the health of the patient after the intensity of the attack has

passed.

For the pale, anæmic, overgrown girls, the development of whose sexual organs is retarded, out-of-door sports wisely indulged in, together with the systematic administration of iron and arsenic, are generally efficient. In these cases, as the richness of the blood appears and the muscular strength develops, if the menstrual function is not established the stimulating properties of the faradic current may be utilized. Mild emmenagogues are often beneficial. Potassium permanganate in one or two-grain doses is quite efficient. The intra-uterine application of the faradic current with the short, coarse wire and slow virbrations powerfully stimulates the muscular and circulatory activity of the uterus, and is quite an effective agent in restoring the menses when not dependent upon errors in development or constitutional dyscrasia.

Oftentimes a change of air, scenes, and surroundings will accomplish the greatest good. This is especially true in young women who are suffering from excessive mental work and worry. In all instances, hygienic laws must be observed.

The chlorotic patient may be expected to recover under the influence of appropriate treatment. Iron is the sovereign remedy, but it must be emplyoed in con-

junction with other measures.

Food rich in blood-making properties should be directed, and a high state of activity of the digestive and assimilative functions maintained.

It is highly important that the activity of the bowels should be secured. In case of constipation aloes when well borne may be counted the most efficient laxative. Scarcely less important is it that the functions of the kidneys and skin should be kept in normal condition. Tepid baths

and friction of the surface of the body are beneficial, and free water-drinking between meals should be encouraged.

On account of circulatory and respiratory disturbances some chlorotic patients are unable to endure sufficient exercise. Here voluntary exercise may be supplemented by massage, Swedish movements and surface electricity.

With the disappearance of anemia and the oncoming of good health, the menstrual function is as a rule established. If it is not, the judicious use of the faradic current may be employed and mild em-

menagogues administered.

The treatment of amenorrhoea due to occlusion of the vaginal outlet by an imperforate hymen is obvious. Incise the hymen, empty the vaginal tube, and pack lightly with gauze. Dilate fistulous tract in case of double vagina with partial occlusion of one, and dilate a stenosed os and introduce a Wylie drainage stem pessary, endeavoring by this means to secure a permanent patulency of the cervical canal.

When the amenorrhoea is due to retarded development of the sexual organs, if the patient presents herself early, before 18 or 20 years of age, a reasonable hope may be entertained of establishing the menstrual function as a result of stimulating a growth of the reproductive organs.

Among the most efficient means to accomplish this purpose is the faradic current applied as indicated above. The prolonged administration of iron in small doses, or the iron and aloes pills, is not infrequently efficient. The use of the zinc and copper stem pessary, introduced by Simpson, is probably the most efficient mechanical means, especially in cases in which there is anteflexion of the uterus. In such cases the uterine canal should be dilated previous to the introduction of the stem pessary. There can be no doubt that while the method is often efficient, it is in some instances attended by danger to the The pessary should be shorter patient. than the uterine canal and of just sufficient size to be readily retained in the canal. If it produces the slightest pain or soreness it should be discarded.

A happy marriage, if the woman is otherwise healthy, not infrequently results in the speedy growth of the sexual system and occasionally in pregnancy. It must be remembered that in this class of patients the menopause is prone to appear early, and that miscarriage may occur in the first pregnancy, while a subsequent pregnancy may be followed by a perfectly normal gestation and delivery. In young women possessing highly atrophied uteri and ovaries we need not expect to see the menstrual flow appear, no matter what means are adopted. It is better to withhold all efforts in this direction. ionally in young women possessing welldeveloped ovaries and rudimentary organs developed from the ducts of Muller, life is rendered tolerable only by extirpation of the ovaries. This is a procedure the necessity of which is greatly to be deplored.

## RECTAL ALIMENTATION.\*

J. N. JEROME, A. B., M. D.

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It has for a long time been known that it was possible to nourish sick persons per rectum, but it has only been in recent times that the subject has been thoroughly studied and experiments made to see how long life could be sustained in this manner. It has been found out that sufficient nourishment can be absorbed through the mucous membrane of the rectum and sigmoid flexure to sustain life for a period varying from three to eight weeks, depending on the strength of the patient, the condition of the bowels and the care with which the details are carried out.

The conditions which call for this method of feeding are as follows:

- 1. Gastric ulcer; in order to give the ulcerated mucous membrane a chance to rest and heal.
- 2. Gastric cancer; especially when it causes obstruction to entrance and exit of food.
- 3. Acute gastritis; when stomach is unable to retain food or properly digest it.
- 4. Stricture; occurring in any part of the alimentary canal above the rectum.
- 5. Reflex vomiting; as often seen in pregnancy.
  - 6. In inflammations caused by corros-

\*Read before the Vanderburgh County Medical Society.

ive poisons, viz., carbolic acid, lye, etc.; where the patient is unable to swallow food from pain or ædema.

7. Any temporary obstruction to alimentary tract, viz., foreign bodies, newly-

formed growths.

8. In paralysis of muscles of deghetition, viz., paralysis following diphtheria.

- 9. In coma and delirium with inability to swallow food.
- 10. In hysteria and in insane; in cases where patient refuses food by the mouth.
- 11. In certain cases, where stomach is feeble, as in severe fevers and emaciation is rapid and progressive.

It is only by the strictest attention to details of administering the enemata that good results from this procedure can be expected.

Certain points are essential, among

which are the following:

- 1. The quantity and quality of food should be so regulated as to avoid exciting peristalsis, and also that the first injection should be entirely absorbed before another is given.
- 2. The irritation, if any, of the bowel should be allayed.

3. The rectum should be cleansed of all mucus, fæces and foreign matter.

Sometimes in extreme irritability opium may have to be used, but it is well to avoid it, if possible. While opium checks peristalsis and favors the retention of the enema, yet it also, to a certain extent, inhibits the absorption of the nutrient material. Laudanum or the deodorized tincture in doses from 3 to 20 minims, as required, is the usual form employed. In extreme cases it may be injected a few minutes before the time for the rectal cnema.

The physician, having made up his mind that it will be necessary to continue the injections for a long period of time, should devote his closest attention to the condition of the rectal mucous membrane, its irritability or non-irritability, the presence of mucus or fæces and the other material which is demanded.

He should thoroughly explain the minutiæ of the operation to an experienced nurse, and see that it is properly performed, at least once or twice.

An inexperienced nurse may spoil the good results hoped for and may even

cause a severe diarrhœa, which may be difficult to check.

Failures in this procedure are sometimes recorded when a little more personal attention may be the means of saving the life of the patient.

It often happens that for the first day or two the rectum is unable to retain the enemata, but soon acquires a tolerance when properly administered and the proper nourishment given.

It is only in the most favorable cases that the rectal injections can be long continued without causing a certain amount of irritability and setting up a diarrhæa.

In these cases they should be withheld until the diarrhoa is checked and tolerance re-established.

Hemorrhoids are a severe stumbling block in successfully using this method, but it is not a positive contra-indication. In these cases only the softest rubber catheter should be used and local anæesthesia of piles, established by the topical application of a 2 per cent. solution of cocaine.

When the enemata are long continued it is well to wash out rectum at least once a day with warm water, soap suds or boric acid solution. By this means all foreign matter is gotten rid of, faces dislodged, mucus and any remains of a former injection washed away.

There are certain foods which the rectum assimilates and others which it rejects. Starches, oils and fats should not be given, for the bowel is intolerant of them, and the oils and fats, by coating the mucous membrane, prevent the absorption of nutrient material much in the same way that mucus does.

It is very important to use only those articles of food which are completely absorbed. All other material acts as a foreign body and causes irritation of the rectum.

The best forms of food to employ are among the following:

Milk.—This is universally used. It should not be too rich, for the fat in the cream is not absorbed, and prevents the absorption of the milk proper. It is well, sometimes, to use predigested milk, and thus save the rectum a certain amount of labor.

Eggs.—The whites of eggs are one of the best ingredients of these enemata. The

yolk should not be used, for it is too rich in fats. It is preferable that the eggs be partially predigested by the addition of a peptogenic or pancreatinizing powder. This may be added to the peptonized milk or to a peptone solution of meat extract. A little salt may be added to the eggs to promote absorption, but it is sometimes irritating to the rectum.

Alcohol.—Used for rectal injections should be of the best and purest kind. Rum, brandy or sherry wine may be used, but a good whisky is by far preferable to any other kind. It can be used in connection with the other rectal foods, but if too strong may precipitate the curds in the milk.

Meat Extract.—A peptone solution of meat extract may also be used, alone, or in combination with any of the foods above enumerated.

Defribinated Beef Blood.—This also is used to some extent. The beef blood is prepared by whipping with light switches. The only objection to this is the odor which it leaves behind.

All injections should be given at a temperature of from 90 to 95 degrees. Fahrenheit. If colder or warmer, they may excite peristalsis and cause rejection of food.

In regard to the number of injections it depends to a great extent upon the condition of the rectal walls. It is usually advisable to give one every six hours, and then, if retained and absorbed, they can be increased to one every four or three hours.

In giving an enema, it is well to use only a soft rubber catheter or tube. In the selection of the tube, one should be chosen that is not too stiff as to cause injury to walls nor too soft to double upon itself if a little force is used.

It should be lubricated with sweet oil, vaseline, melted butter or glycerine.

The enema can be given by means of a small hard rubber syringe, or, which I prefer, a fountain syringe. There should be but very little force exerted and the patient instructed not to strain.

The tube should be introduced from eight to twelve inches into the bowel.

Care should be taken that no air enters the bowel, as it excites peristalsis, and this is prevented by filling the tube with the enema just before it is introduced.

The advantage of placing the injection high up in the bowel is twofold: There is less tendency to rejection and it comes in contact with a greater surface of mucous membrane, and hence is more easily

and more quickly absorbed.

The practice of giving these injections with a Davidson syringe with a hard rubber nozzle is to be deprecated, for the reason that the injection comes in contact with only a limited portion of mucous membrane and there is greater liability of rejection.

Upon withdrawing the tube, if there is any fear that the enema will not be retained, it is well to put a firm compress, viz., a folded towel or napkin over the

anus for half an hour.

The proper positions in giving the enemata are two: One, the dorsal decubitus, or which is to be preferred, place the patient on the left side, in the Sims position, and in both instances with the hips elevated. The injection should be given slowly and carefully.

If the instructions as laid down in this article are carefully followed, we may employ this method with the assurance of good results, but if slovenly or carelessly done, it will result in utter failure.

## SIMULTANEOUS OCCURENCE OF TYPHOID FEVER AND MALARIAL FEVER.\*

BY DR. JAS. W. BEVANS.

Acting Assistant Surgeon United States Army, General Hospital Presidio of San Francisco, Cal.

In view of the excessively rare simultaneous occurrence of typhoid and malarial fever, I wish to report the following case, which has come under my observation recently. Blood examinations were made repeatedly in every one of the sixty cases of typhoid from which this one was selected. Many of the patients had previously served in Cuba.

Corporal Richard H. Miller, Company K, 29th U. S. Volunteer Infantry, aged 21, born in Tennessee, was admitted to the United States Army General Hospital, Presidio of San Francisco, Cal., October

3, 1899.

The man lived in his native State until enlistment in the 4th Tennessee Volunteer Infantry in the fall of 1898. He then served in Cuba, and during his first service had a few light chills, which continued after his return home and until his re-enlistment in the 29th U.S. Volunteer Infantry in August, 1899. At this time he was apparently well. The chills appeared again at Fort McPherson, where he stayed about a month, and continued irregularly up to the time of his present sickness.

En route to the Presidio, where he arrived October 1st, he was confined to his bed with headache, constipation, general malaise and light chills. He had not. previous to that time, been on sick report.

After three days in quarters in camp he was sent to the General Hospital. As he was brought into the ward he looked pale, emaciated and cold. His temperature was 102 2-5, respiration 22, and pulse 94. The tongue was coated, the abdomen was tender, the liver and spleen somewhat enlarged. His mental condition was dazed.

By October 7th rose spots had developed and he was in an active delirium. He had involuntary passages of urine and fæces. Light chills occurred daily after the 6th. On the 11th the chill was prolonged and severe. Malarial parasites were first found in the blood on that day. Quinine was then administered in large doses, and the last chill was observed two days later. Delirium continued until the The temperature curve and symptoms, after the 13th, were those of typhoid The temperature reached normal fever. on the 29th, and slow convalescence has taken place.

As will be seen from the report of Dr. C. F. Craig, pathologist at this hospital, the "Widal" reaction was absent until November 9th, twelve days after the temperature had become normal. Quinine had been given in unknown doses before admission. This probably accounts for the negative reports as to malaria on October 4th and 8th.

Report upon the examination of the blood of Corporal Richard Miller, Company K. 29th U. S. Volunteer Infantry, by Dr. C. F. Craig, pathologist:

October 4th—Malaria. Examination for the parasite of malaria, negative.

<sup>\*</sup>Sent to the JOURNAL by Dr. Thomas C. Stunkard, late Surgeon of the 157th Indiana Volunteer Infantry; late Acting Assistant Surgeon of United States Army, Presidio of San Francisco; now of Terre Haute,

There are some leucocytes containing pigment. Widal wave, negative.

October 8th-Malaria, negative.

October 11th—Malaria. Numerous "ring forms" of the malignant quotidian æstivo-autumnal malarial parasites. These are small, circular in form, somewhat refractive, the pigment consisting of from one to two small, almost black specks. Not ameboid. The corpuscles containing the organisms are dark, olive green in color, and shrunken. A few are crenated. Diagnosis: "Aestivo-autumnal malaria." "Widal" test, negative.

October 13th—Malaria, negative. Widal test, negative. There seems to be a slight clumping, but the bacilli remain motile.

November 3d—Malaria, negative. Widal test, negative. There are a very few minute clumps, but the bacilli remain active. This may possibly be a very slight reaction. but I would ordinarily consider it as negative.

November 9th—Malaria, negative. Widal test, positive. Marked reaction immediately. It is interesting to note that this is the first positive reaction obtained, and raises the question as to whether or not the malarial complication hindered or lessened the power of the blood to give reaction. This may possibly be the explanation, although in the few cases of malaria complicating typhoid which I have seen, the Widal test has always been responded to promptly.

(There is no doubt of the extreme rarity of the simultaneous occurrence of typhoid and malarial fevers in the same pa-This is attested by post-mortem and by the literature. It is commented upon by Osler and others. But one case was observed in Camp Mount Hospital upon the return of the Indiana regiments in the fall of 1898. This was the case of Private Moon, whose blood showed the tertian parasite at the time of his entrance to the hospital and the day before his death. The case was reported to the Marion County Medical Society by Dr. W. T. S. Dodds, surgeon at Camp Mount Hospital, and is recorded by him in his paper, "Clinical Features of Malaria as Seen at Camp Mount Hospital," printed in the Indiana State Medical Society Transactions, pages 196-208, 1899. The autopsy conducted by Dr. Dodds and the present writer showed well defined ulcers of Peyer's patches, with enlarged and pigmented spleen. The patient presented the anomaly of horseshoe kidney. The specimens—kidney and intestines—were destroyed in the fire which consumed the Indiana Medical College collections the following winter.—Editor.)

# OBSTRUCTION OF THE UPPER AIR PASSAGES WITH ILLUSTRATIVE CASES.

## FLETCHER M. GARDNER, M. D., BLOOMINGTON, IND.

Anatomically, the upper air passages consist of the anterior nares, nasal chambers, naso and oro-pharvnx.

The alæ and septum are the first parts presenting, but the alæ, taking no part in the formation of obstructive conditions, may be dismissed with this mention. The septum is composed of two parts, the cartilaginous septum, and the vomer, or bony portion.

It is continuous from the anterior to the posterior nares, dividing both these openings and the intervening nasal chambers completely in half.

The turbinate bones run like three badly downward-warped shelves, back along the outer sides of the nasal chambers; they are covered with a cushion of highly vascular erectile tissue. The naso pharynx is a smooth vault normally, containing only one structure which concerns us. This is known as Luschka's, the third, or pharyngeal tonsil. The oro-pharynx has on its borders the faucial and lingual tonsils, which are important in this connection, but the other contained structures are not.

The obstructive lesions of the septum may first be considered. Owing to blows, or some vice of development, the septum often becomes contorted or deviated. This is so frequently the case that in its minor degrees it is probably not to be considered abnormal. The following table, compiled from the work of the various authors quoted by Delavan, shows this percentage:

Theile	in	117	skulls	found	deviation	in	73.5%
Semeleder	**	49	44	**	**	**	79.5G
Allen	**	F8	**	• 6	44	**	68.9G
Zucker Kandl	••	870	44	44	44		87.8%
Morell Mackenzie	***	2152	**	44	44	• •	76.9%
Delavan	**	700	**	**	**	**	19.2%

Total......8446 skulls. Deviation, 60.0%

In 909 cases of 1.831, the deflection was to the right; in 681, to the left; in 241,

sigmoid. The standard of deviation adopted by MacKenzie was ½ millimeter or more, while Delavan recorded only those cases amounting to positive obstructive deformity. These figures are eminently suggestive as to the need for operative procedures in the treatment of chronic rhinitis.

Cognate to this trouble, and frequently associated with it, is the formation of ecchondroses and exostoses, more commonly known as cartilaginous or bony These project into the lumen of the nostril, narrowing it, and sometimes by fusion with the turbinate, partly or wholly occluding it. The treatment of this condition, while easily described, sometimes presents considerable operative difficulties. If the septum is merely bent it is sufficient to weaken the cartilage by one or more incisions with a star punch and replace the septum by pressure with a heavy probe or pair of forceps wrapped in cotton, retaining it by tamponing on the convexity. I have failed to get good results with the Bosworth septum clamp, and prefer to rely on a tamponade, renewed daily.

For the treatment of spurs or synechia between septum and turbinates, one may use stout angular scissors, if the growth be soft, but the saw, drill or chisel if the growth be bony. Where the growth is completely imperforate, and completely ossified, as it occasionally is, one can do nothing but use the drill, chisel or trephine. I consider the drill or trephine driven by a foot power or electric motor the best means for removing such obstructions. In using the drill the caution advised by some authors, never to lose sight of the drill, should be observed. Almost any other of the nasal instruments may be used by the sense of touch alone with safety by one sufficiently familiar with nasal operations, but the drill works so rapidly that one might easily do great harm by its incautious use.

In a case of cartilaginous synechia connecting septum, the inferior turbinate and the floor of the nose, with only a small opening at the upper portion, I removed with saws, cutting the growth on three sides. Hemorrhage was controlled by antipyrine solution, gr. lxxx to the ounce. The result was perfect. In another case, a woman, aged 43, the septum deviated to

the left side, and a large spur almost occluded the left nostril. No synechia, but the patient was unable to breathe through the nostril. The nose also deviated noticeably as a whole to the left. At the first sitting the spur was removed with the saw. At the second, two weeks later, the septum was perforated in two places with the star punch, and forced into place with a cotton-covered probe, and the crest "lined up." The Bosworth nasal clamp was used, but when applied tightly enough to do any good, was very painful. A small spot of pressure necrosis was produced by it on the free margin of the septum, so that it had to be removed by the patient in my absence. For this reason the result was not so good as it would otherwise have been, although she was able to breathe through the nostril, and the cosmetic result was excellent.

Aside from neoplasms, the most important obstructions connected with the turbinates are hypertrophies. These may project into the lumen of the nostril, or may fuse with the mucous membrane of the septum or with that of the palatal bones which form the floor of the nose. They may be very soft, contracting quickly under an application of cocaine or supra-renal extract, or they may be firm; in my observation, even bony, from the formation as a secondary process of fibrous or osseous tissue. They are a direct consequence of repeated attacks of rhinitis.

Soft hypertrophies may be touched with the cautery several times, at intervals of a week, under cocaine anæsthesia. may be excised with scissors or transfixed with a needle, and removed by a cold snare whose loop passes behind the needle and is prevented by it from slipping off. Posterior hypertrophies should be removed with the snare. In using this instrument the wire should be tightened slowly, allowing the growth to swell, removing it more thoroughly, and preventing hemorrhage. A case in point was Mrs. X., aged 27. Long history of chronic rhinitis, unsuccessfully treated. Examination showed synechia of lower turbinated to septum and palate on left side, anterior hypertrophy of middle turbinate on both sides, and myxomatous degeneration of the free edges of both superior turbinates. Discharge free and annoying. Left nostril almost impervious.

The hypertrophies were removed with the cold snare, the synechia sawed out and the superior turbinates of both sides removed almost completely with the curette forceps. A spray of Seiler's solution and one of menthol-camphor with albolene was ordered. The patient is now (two years after operation) almost entirely well and breathes freely through both nostrils. Without surgical intervention she would never have shown any improvement, in all probability, partly because of incomplete drainage, and partly because of the impossibility of medicating such a contorted and narrow space.

The new growths of the nose are many, but only the clinically important ones need be mentioned. The commonest is myxoma, which may spring from any part of the nose, but most commonly from the middle turbinate, and very rarely indeed from the septum or inferior meatus. addition to the obstruction to breathing, the face may become flattened and froglike, from pressure, and there may be most annoying epistaxis. There is always more or less secondary rhinitis, and owing to the hygroscopic nature of the tumors, they are more troublesome in damp weather. They are more common in men than women.

The treatment is by ablation. The use of astringent snuffs and injections is no longer thought of. The snare, pressed well upon the pedicle, is much used. This may be varied by grasping the tumor in the loop and rotating till it is twisted off. Personally, I have almost discarded the snare and use a pair of angular curette forceps. These are used at first by grasping the tumor under good illumination and twisting off successive portions or entire polypi in cases where the cavities are entirely occluded. Afterwards, as the cavity becomes more open and individual tumors can be distinguished, the forceps are carried down to the root of each and the pedicle nipped, with a little of the mucous membrane, if possible.

Where one of the turbinates is so badly involved that it is plainly impossible otherwise to eradicate the growth, part or all of it may be excised. I have found it necessary to do this several times and have never seen unpleasant results. After removing every visible portion of myxomatous tissue, the site of each should be

touched thoroughly with the cautery, trichloracetic or chromic acid, naming them in the order of desirability.

A country physician was attacked with severe epistaxis and was finally compelled to call in another practitioner to tampon. This was done with gauze somewhat roughly, causing abrasions of the septum and turbinates. On the removal of the gauze the hemorrhage recurred almost to exsanguination. He consulted several other physicians; by them the abrasions before mentioned were cauterized, but the hemorrhage persisted. I discovered a mucous polyp attached to the ethmoid and almost wholly within the superior meatus. This was thoroughly removed with curette forceps, and the base touched with chromic acid. The case was examined for recurrence at intervals of two to four weeks for some months. At one of these the superior turbinate was found necrotic, and was removed. Whether the case was originally one of necrosis, or whether it was caused by the chromic acid, I am unable to say. The ultimate result was very good, there having been no recurrence for several months, which usually means a cure, and there having been none of the dangerous epistaxis, nor, indeed, any after the first operation.

Other benign tumors, such as mucous cysts, fibrous, adenoid, cartilaginous or bony growths are to be treated on precisely similar lines.

Sarcomata of all types occur in the nose rather commonly, but carcinomata are very rare. The treatment for either is instant and thorough removal as soon as the diagnosis is made, even if a temporary or permanent resection of the upper jaw is necessary.

In sarcoma the prognosis varies with the structure, situation and size of the growth. The malignancy varies with the type from the small, round-celled, which is most malignant, through large, round, myeloid or giant-celled, to spindle-celled, which is least so. In mixed types it must be judged by the amount of each form.

The prognosis with sarcoma is bad, but not hopeless, since cases have been followed for five to seven years after removal without recurrence, but with carcinoma it is almost absolutely grave.

The tumors of the pharynx are similar to those of the nose, but are different in

point of frequency. Adenoid tumors, which occur as vegetations attached to the vault, and as hypertrophic pharyngeal tonsils, are most common; fibroid tumors, which are infrequent in the nose, are next, while mucous tumors are least so, although most common in the nose. Malignant tumors are rare, and almost invariably fatal.

Adenoids are usually seen in children of strumous diathesis. If the growths are of any considerable size, the child breathes through the mouth, and is characterized by an open mouth, an inexpressive eye, a pasty complexion and flabby build. It will be subject to night terrors and laryngismus stridulus, and annoying to others by its snoring. It will probably be much subject to colds and sore throat and other diseases, absorbed from the tonsillar lucunæ.

Medicinal treatment alone is unsatisfactory. Astringent sprays or pigments may be applied to the throat, and the bodily nutrition looked after, but in my hands it has not proven satisfactory. I prefer, after rhinoscopic inspection or palpation, if necessary under anæsthesia, and, of course, with antiseptic precautions, to operate.

The patient should lie on the table with head over-extended, to keep the blood out of the larynx. The mouth should be held open with a gag, the tongue held forward with forceps, a small, soft catheter passed through one nostril and out at the month and fastened so as to keep the palate out of the way. The Gottstein sharp curette, which cuts on the downward stroke, is passed into the pharynx and made to remove the tonsil. Any vegetations in the vault may be removed with the post nasal curette forceps or the finger nail, and the fossa of Rosenmuller should also be cleared out with the nail. The operation is principally dangerous from the anesthetic. Ether is objectionable from its effect on the lungs and stimulation of mucus formation. Chloroform depresses the heart, but is, in my opinion, the anesthetic of election.

At the same time any nasal obstruction or trouble with the faucial tonsils should be attended to. If hemorrhage is severe it may be controlled by tamponing the pharynx, using a silk cord, drawn through the nostril by the catheter, which is used

to hold the palate forward, as a safety cord for the tampon.

The after treatment consists of astringent sprays, such as equal parts of distilled extract of hamamelis and rose water, used freely. Iodine applied with a swab in 4, 6 or 8 per cent. solution with potassium iodide in glycerine is useful if the child will tolerate it. Cod liver oil, syrup of the iodide of iron, and hypophosphites are all useful. With the after treatment carefully followed out, results are good.

Muco fibrous and purely fibrous tumors in the pharynx are not common, though more so than purely mucous. They may spring from the periosteum of the base of the skull, and are said to do so in most cases, although in my own here reported the only bony adhesion was to the right middle turbinate, to which it was attached by a long pedicle.

They are bluish white roundish masses which may become so large as almost to prevent swallowing, and, indeed, have been known to produce death by pressure. They occur almost always in males between 10 and 25 years of age, and tend to disappear after the latter age. is epistaxis usually, somnolence often; the desire for sleep frequently comes on under the most awkward circumstances. Nutrition is often badly interfered with, on account of difficulty in swallowing, in breathing and pressure on the internal carotids. The snoring during sleep is frightful. Deafness may result, as, indeed, with all pharyngeal tumors, from interference with the Eustachian tubes.

There may be well-marked frog face, and the soft palate may be bulged down and forward.

The treatment is removal either piecemeal or en masse. The preferable method is by way of the nose or mouth, although very severe preliminary operations have been undertaken with a view of getting a more open field for operation. These include a dissection upward of the soft and cartilaginous structures of the nose, pulling the flap upward upon the forehead; a splitting of the soft palate; and a temporary resection of the upper jaw. Almost all the later authors condemn these operations as needlessly severe, and insist on the use of the hot or cold snare, suitable cutting forceps, or electrolysis, employed through mouth or nose.

My personal preference is for the finger, used carefully to separate adhesions. It is the most sensitive and delicate of instruments and yet sufficiently powerful to remove a firmly fixed tumor. It is not mentioned by any writer to which I have access.

A farmer, age 20, suffered for at least ten years, and had not breathed through the nose for six years. On examination he presented a large, bluish-white tumor almost closing the fauces and pushing the palate down and forward till the uvula was pointed parallel with the tongue. Palpation showed the pharynx to be entirely filled, the finger only being passed along-side with difficulty. Tonsils large, no anterior nasal disease. Considerable somnolence; had gone to sleep in school and on the seat of a cultivator. Snoring at night very bad. Some dyspnæa on exertion. Nutrition not good.

As the patient had eaten dinner, I was unable to give chloroform, and attempted without anesthesia to remove a part or all of the growth. A No. 26 piano wire used with the cold snare broke without leaving a mark, and I was unable with any forceps or volsellum which I possessed to do anything with it, after two hours' effort. The next day, the patient being properly prepared, I slipped a catheter through the nostril, with a view to future tamponing. Chloroform was administered by Dr. Lucy W. Gardner, and using the finger alone, the tumor was quickly removed, the entire operation only taking twenty minutes from the beginning of anæsthesia. The tumor was firmly adherent over rather more than the upper half to the vault, and had a stout pedicle running to the right middle turbinate. The hemorrhage was very free, amounting to nearly a pint before the pharvnx could be tamponed, which required three-quarters of a yard of gauze. The anterior nares were tamponed with cotton. twelve hours the gauze was removed and in twenty-four hours the cotton from the nose. There was only serous oozing while the tamponade was in place and none after its removal. The tonsils were removed in forty-eight hours after the main operation.

Examination of the tumor as it is now, after hardening in alcohol, shows it to be nearly as firm and resilient as India rub-

ber, and to be 2\frac{1}{3}x2x1\frac{3}{4} inches in size. As it has shrunken considerably, it can easily be imagined how full it would fill even an adult pharynx.

There was no recurrence of the growth; the patient had gained twelve pounds, was no longer somnolent, a mouth breather, or a snorer, and had developed a very pleasant soft tenor voice.

Myxomatous tumors of the pharynx do not differ histologically from those of the nose nor clinically from fibrous tumors of the pharynx. They are usually nasal tumors which have been aspirated into the pharynx and continue to develop there. Origin from other than nasal structures is very rare.

Miss X. S., a student, aged 21, suffered from a tumor of the pharynx, which showed a rounded outline and dusky white coloration. She was anæsthetized by Dr. H. B. Lowry, and attempts made to catch the tumor with snare and forceps. This method proving unsatisfactory, I passed my finger to the root of the pedicle and removed the tumor en masse. It was a pure myxoma, and had a long pedicle, which seemed to spring from the ethnoid. In size and shape it much resembled a turkey's heart, with two inches of attached aorta. The patient was much relieved and remained well for seevral months, after which she was lost sight of.

Obstruction of the oro-pharynx alone probably never takes place, except from hypertrophy of the faucial tonsils or from retro-pharyngeal abscess. In the first case the tonsils may be treated by repeated puncture with the cautery, by electrolysis, or by excision. The latter method is quicker, easier, makes a better stump, but is open to the disadvantage of causing considerable hemorrhage at times. can usually be readily controlled by holding ice or hot water in the mouth, or by pressure between thumb and finger. The preferable method of excision is by the tonsillatome. If there is difficulty in causing the tonsil to present in the fenestrum of the instrument it may be caused to engage by pressure on the outside at the angle of the jaw.

Retro-pharyngeal abscess is to be treated by aspiration or incision and drainage, at the most dependent point and in the median line. The prognosis depends on the cause, being bad in cases

where it depends on caries of the vertebræ, and better in cases of infection or traumatism. Being, comparatively speaking, a cause of acute rather than chronic obstruction, it is not important for the

purposes of this paper.

To recapitulate: Obstruction of the upper air passages is, regardless of cause, a distinct pathological entity, producing certain well-defined disturbances of nutrition: alteration of the bones and contour of the face and palate; disturbances of sleep; in some cases, at least, nocturnal enoresis; predisposition to infection through the respiratory tract; and de-formities of the chest. The habit of mouth breathing gives a stupid look to the face, and probably this is often real, because relief of the obstruction is sometimes followed by improvement in the mental condition. There is often deafness either from pressure or from Eustachian salpingitis, depending on the extension of the accompanying rhinitis. the attainment of maturity these cases may become inoperable and the chain of results persist through life.

There is hardly any other class of cases in which prompt treatment will do so much good, or procrastination so much harm. They too often are told that the child will outgrow it, or that it is a harm-

less condition.

Common as are chronic diseases of the respiratory tract, it is the plain duty of the practitioner either to learn to treat them properly himself, as he can easily do, excepting the more complicated cases, or to refer them to one experienced in this kind of work.

# HEAD LAST PRESENTATION—LEFT SIDE POSITION OF MOTHER.

Dr. A. W. Brayton, Editor Indiana Medical Journal:

Dear Doctor—Enclosed you will find an article read by Dr. S. Hunt, of Coatesville, before the Harvey Medical Society at Amo, Ind., on August 6, 1900. Our society thought that the paper might be of sufficient scientific importance to warrant publication in the Indiana Medical Journal. The essential feature of the management of these cases, that is, the position of the mother on the left side and

the mode of pressure, may be of interest to some of your readers.

C. F. HOPE, Secretary Harvey Medical Society.

The great mortality of this presentation makes it very interesting. If we take several tables of statistics and compare them we find that for every three children born head last one is still born.

This seems to be a very large mortality, and the only reason it does not seem greater is that we have a head last only now and then. How does this accord with our experience? I wonder whether we can do as well, or any better.

As to diagnosis, it is easy to call a breech a head presentation, if we only see the case early, before there is much change in the os, and when the membranes are

still intact.

I think I had about the tabulated experience as to results, and lost one case that was especially humiliating, although I knew what was coming for fifteen hours before, and had time to read and get everything ready. But when the emergency came for taking care of a splendidly developed child I regret to say that I failed.

Several ways are talked of in this condition, but the child may be dead before we have applied the first. The emergency is so great and the time so limited that we need, if possible, some one way that we can lean on.

I give you a little personal experience. I was attending a case and at first called it a head presentation. I found out better after the case advanced further. It was a breech presentation, and I soon found myself face to face with the condition of a twelve-pound child born all but the head. My former experience was not much comfort, but the solution came later.

I was at the mother's right side, and was following the tumor with the left hand. She was lying on her back. At this critical stage she voluntarily and quickly turned on her left side. My left hand was still over the fundus of the uterus, but the right came in contact with the mother's buttocks. There was an instant realization of power. Pressure as needed was now used, and the child was quickly and safely born.

The results gave me something to think

about, and I give the thoughts to you. I wondered what was the harm. How could this injure child or mother?

As to the mother, on account of the position of the child's head, she had lost the power to press the head farther, and there is great tendency to rest—rest that is fatal to the child. Now the power, eighty pounds, if need be, is applied in the exact direction that the uterus would apply it. The soft parts of the mother are already fully prepared, for nature is to have her exact way until the arms are ready to be brought down, and they are brought down, and only the head is left. Now, the mother is directed to turn on her left side, or she is turned on the left side, for there must be no delay; then with the left hand over the fundus and the right against the buttocks, sufficient power is used in assisting the natural pain to express the head or bring it far enough down to breathe. What are the dangers to the child? think none, but the benefits are incalculable. We press toward the inlet of the pelvis and press through the abdominal wall, uterus and placenta, and if we waste a few minutes in any way, though effective, the child is lost.

I have been thinking of this plan and applying it, and believe there is something in it worthy of our consideration. In it we have a means that is always at hand, and applicable to every case.

# CASE OF STRANGULATED HERNIA IN AN INFANT WITH OPERATION AND BECOVERY.

BY W. D. SCHWARTZ, PORTLAND, IND.

I was called to Geneva by Dr. Ford to see a child three weeks old suffering from strangulated hernia. The rupture had been down for thirty-six hours, and a number of efforts had been made to reduce by taxis, but the mass, which was the size of a pint cup, and on the right side in the scrotum, and I believe congenital, was constantly becoming harder and blacker, and the pulse was fast and thready. The vomit was offensive, and the child had every indication of approaching collapse.

I determined to anesthetize, and while the instruments were sterilizing, try once more to reduce by taxis, and just here an interesting feature developed. I had never had the least difficulty in chloroforming children. I asked Dr. Mattox to give some chloroform while I prepared for the operation. I waited for some time, and the child was no more anesthetized than. when he first began. I then tried myself, and finally sent to the drug store for an unbroken package, which we each in turn tried, without any success. We could strangle the child down, but could not produce even the first stage of anes-I then changed to ether, which was just as futile. When we saw it was entirely useless to try further, I had the father hold one limb and one hand and Dr. Ford the others, while Dr. Mattox continued pouring on ether. I then proceeded with what we all thought was a hopeless effort to save the little fellow's I used only small catgut sutures. The child made an uneventful recovery, took the breast in less than an hour after operation, and never vomited. When the catgut came out I applied a truss to insure complete union of the deep parts.

## MISCELLANY.

#### News Items.

From the newsy Medical Age we learn that Louisiana has the only home for lepers in the United States; that Harvard Medical School graduated an even 100 students; that there are 8,000 medical students in the German universities; that Dr. W. W. Keen has raised \$50,000 for the library of the College of Physicians in Philadelphia; that the medical schools of the Northwestern University of Chicago for men and women will be continued as separate institutions; that Lord Lister, the father of antiseptics, will give the third biennial Huxley lecture on "Recent Advances in Science and their Bearing on Medicine and Surgery" at Charing Čross Hospital, London, October 2 (the first lecture was by the great physiologist, Michael Foster and the second by the emi-nent pathologist, Professor Virchow); that a male child three months old was shown at the Johns Hopkins Hospital Medical Society with a boneless tail two and one-half inches long which retracts at the tip when the child cries; that the xiphophagous twins, 8 years old, Rosalina and Maria, were successfully separated recently by Dr. Alvara Ramos, of Rio Janeiro, and that one died a few days thereafter; that in Bombay Presidency 20,000 cases of cholera occurred in June, with 12,000 deaths. The following story of Sir William MacCormac, the president of the Royal College of Surgeons, is reliable: "Often, to save time when studying in his laboratory, he used to have a light lunch served there. Once his assistant heard him sigh heavily, and, looking up, saw the doctor glaring at two glass receptacles on his table. What is the matter, doctor?' he was asked. 'Nothing in particular,' was the reply; 'only I am uncertain whether I drank the beef tea or that compound I have been working on."

## Indiana Mortality Statistics for July.

The State Board of Health Bulletin says: "The total number of deaths in the State in July was 2,916, an increase over June of 663. The June death rate was 10.4 and for July 13. The deaths from consumption of lungs were 282; other forms of consumption, 92; typhoid fever, 64; diphtheria, 12; croup, 4; scarlet fever, 2; measles, 9; whooping cough, 59; diarrhœal diseases, 539; puerperal fever, 7; smallpox, 3. Cancer caused 86 deaths, two more than in June.

"Thirty-six counties show a death rate above the average, 13, for the month. The annual death rate in Indiana, based on the ten months since October, 1899, to

August, 1900, is 12.7 per 1,000.

All the cities of the State represent a population of 808,765, and in July reported 1,170 deaths, a rate of 17. Twenty-eight cities show a rate lower than the average, 12.7, for the month. This does not mean these cities are healthier than sister cities having a higher rate for July, General conclusions of healthiness should be based upon annual figures. When we have collected the figures for five or ten years, then it would be proper to compare and make deductions. The rates per 100,-000 annually from certain causes in cities and counties are: Pulmonary tuberculosis, cities, 141.4; country, 117.1; typhoid fever, cities, 26.2; country, 28.6; diphtheria, cities, 1.4; country, 0.8; measles, cities, 7.2; country, 4; whooping cough, cities, 2.7; country, 5.9; pneumonia, cities, 40; country, 63; diarrheal disease, cities, 352.9; country, 241; influenza, cities,

52.4; country, 38.4; violence, cities, 71.4; country, 65.2.

"The death rate for the whole State is 13; cities, 17; country, 11.2."

## Con el Suero Anti-Amarillo.

Boletin sanitario del enfermo Manuel Gonzaleg.

22 de Julio.—Sigue bien; temperatura, normal; pulsaciones, las normales; secrecion urinaria, regular. Manana se le permitira abandonar la cama.

Boletin sanitario del enfermo Antonio Piroto.

21 de Julio.—A las cinco de la tarde: temperatura, treinta y ocho grados dos decimos; pulsaciones, ochenta y ocho. Se le inyectaron ochenta gramos de suero anti-amarillo.

22 de Julio.—A las ocho de la manana: temperatura, trienta y siete grados siete decimos; pulsaciones, noventa.—De correspondicia especial *El Imparcial*, Mexico, Martes 24 de Julio de 1900.

# Suprarenal Extract for Rhinitis and Hay-Fever.

Nose and Throat.—1. The supra-renal is invaluable in controlling hemorrhage after nasal operations, and I now perform major operations on the nose with very little hemorrhage. 2. By lessening congestion, so that other treatment will be efficient, the suprarenal is useful. I have cured acute rhinitis by the local use of the suprarenal, followed by a mild antiseptic. Quoting Dr. E. Mayer: "For these cases, the extract does wonderful things, and if it never had any other value it would have its mission in this alone." Dr. J. J. Griffiths cured four cases of acute influenza of the nose in one treatment. He used the dried powder locally, with a powder blower. One case was infected, but recovery followed in six hours. 3. Chronic rhinitis is temporarily improved by suprarenal, and permanent results are obtained from the use of other treatment, the suprarenal being a valuable powder, gv. v., t. i. d., is beneficial in diseases of the nose and throat. 5. Dr. H. Holbrook Curtis has found the suprarenal of great value in laryngeal phthisis. Its local use relieves dysphagia better than cocain. He has also obtained benefits from its use in the acute laryngitis of singers, when the vocal chords were relaxed or congested.

Hay Fever.—The suprarenal is a specific for this disease, being used locally and internally. Many patients who have suffered for twenty years with yearly attacks of hay fever have been temporarily relieved of all their symptoms in five minutes by this remedy. Dr. Beaman Douglas has recently written a very valuable paper on this subject. Dr. O. D. Pomeroy had such good results in treating ulcers of the cornea with it that he was led to use it in ulcers of the tongue and mouth with success.—From paper of Dr. W. H. Bates, of New York City, in the Journal of the American Medical Association for August 11th, pages 346-8.

## Determination of Sex.

The conclusions of the latest German writers are that the sex is already decided in the ovary, as has been conclusively shown for bees and certain lower forms of life. The only means by which the determination of sex can be influenced is by the nutritional processes in the ovary. Disturbances in the ovary in this line, dating possibly from fetal or infant life, seem to determine a preponderance of male ova, while abundant, normal nutritional processes favor the production of females. Ploss has noted a coincidence between the higher prices of provisions and the larger number of boys born. Schenk, on the other hand, considers the female offspring the evidence of nutritional disturbances, as several mothers of boys gave birth to girls after symptoms of diabetes were first observed, which was the origin of his famous method of sex determination.—Journal of the American Medical Association.

## Dr. Jackson's Treatment for Loss of Hair.

A study of 300 cases is the basis of Dr. G. T. Jackson's communication, and we give his treatment in his own words:

"To state it clearly, my treatment for the ordinary case of loss of hair with dandruff is as follows: I first attend to the general condition of the patient. The patient is given one of the sulphur preparations and is directed to use it once a day for three days, and then to wash the hair and scalp. Immediately after the hair is dried, the ointment is again applied and repeated every other day for ten

days. The scalp is again washed and the ointment continued twice or three times a week until the dandruff is controlled, the washing being repeated from time to time. When the scalp is in good condition massage is ordered. If the patient will not use an ointment, I order a lotion of resorcin, at first three and afterward five and ten per cent. strength, to be used morning and night. If the sulphur is used in the form of what my druggist calls 'sulphur cream,' it is not at all objectionable, and being used but twice a week or so, it is not so much trouble as it is to use a lotion twice daily. For a case of loss of hair without any apparent trouble with the scalp I rely mostly upon massage, using the sulphur preparation occasionally to keep the scalp a little oily."—Medical Record of May 26th.

## Therapeutics of Urotropine.

The important place which urotropine has attained in genito-urinary surgery is exemplified by the fact that it was made the subject of a special paper by Dr. E. L. Keyes, of New York (Philadelphia Medical Journal) at the recent meeting of the American Congress of Physicians and Surgeons. Among the instructive cases reported by the distinguished author, there was one of persistent anuria following external urethrotomy which was at once relieved by the use of the drug, the symptoms again appearing when it was discontinued. Dr. Keyes always uses urotropine when urinary chill is present, or is threatened, and it appears to be almost a specific in acute catarrhal pyelitis.

According to Nicolaier, who has made the most thorough experimental and clinical study of urotropine, a daily amount of 15 to 22 grains is usually sufficient to obtain the desired therapeutic effects.

The utility of urotropine in genito-urinary surgery is well summed up by Dr. W. T. Belfield (Progressive Medicine, December 1, 1899), in the following statement: "Urotropine is of extreme value to the surgeon also, giving him the ability to secure, before and after operative measures, that ardently sought 'sepsis of the urinary tract' hitherto usually unattainable. The drug should be administered for several days before and after every operation upon an infected urinary tract."—Charlotte Medical Journal.

## In Lighter Vein.

FURTHER REFINEMENTS SUGGESTED TO THE SHIRTWAIST MAN.

Oh, you horrid thing! You Shirtwaist Man Get hence! Don't you know That you're not planned For negligee effects? Can't you realize That if we allowed you To leave off your coat There's no knowing where you'd stop? It may be true that you have your trousers made With high hips-Whatever that may mean; And that you sport a belt In which you seem to have perfect confidence. But, oh! Poor thing, Don't you know That if you wear a shirt waist You must have dress shields And a pulley belt, And safety pins, And lattice-work effects Through which there is A dim, shadowy view, Low-necked Cut "V," And dinkey little bows? It takes all this To make a shirtwaist possible; But there are lots of things, Shirtwaist Man, That you've yet to learn. Take beed. Cling to your coat, And shoes, And socks, And other queer things that you wear. For truly, Shirtwaist Man, You are a sight To make the angels Flap their wings and coo with merriment. Now, be nice, Put on your coat And try to forget you ever took it off And wore high hips. Shirtwaist Man, You won't do!

NO SHIRTWAIST M. D. FOR POOR PATIENT.

–Kate Masterson in New York Sun.

St. Louis, Mo., August 10th.—The class of people treated at the Dispensary is not of the kind that is supposed to draw the line strictly on etiquette, but now and then there is a stickler for old-style "form." Of course, it was fate that directed one of this class to the Dispensary on the first day of the "shirt-waist" innovation. She was a thin, faded, old woman, who still carried her chin high and wore genteel black; and she entered the Dispen-

sary waiting-room yesterday morning. Dr. Kearney was on duty, and the patient was ushered into his office. Dr. Kearney, of course, was in "coatless" attire. The little old woman looked at him in surprise.

"Young man, are you going to put on your coat when you wait on me?" she

asked.

"No, madam," replied the doctor; "coatless man is good form, and is so recognized by the rules of this department."

"Then I refuse to allow you to treat me," she said, indignantly. "When I was young and before I met with the reverses which made it impossible to continue in the society to which I was born, it was considered the height of impoliteness for a gentleman, and especially a physician, to appear in the presence of ladies without a coat. I do not concede that there is any reason for a change in that recognized social law, and I must bid you good morning."

Dr. Kearney attempted to reconcile the old woman, but she had never a word more to say to him.

#### THE DOSE OF CROTON OIL.

"What is the dose of croton oil?" inquired a professor of materia medica and therapeutics of a member of his class. "A teaspoonful," was the ready reply. The professor made no comment and the fellow soon realized that he had made a mistake. After a quarter of an hour he said: "Professor, I want to change my answer to that question." "It's too late, Mr.—," responded the preceptor, looking at his watch; 'your patient's been dead fourteen minutes."—Ex.

#### EARLY TO BED AND EARLY TO RISE.

Early to bed and early to rise does very well with preachers and guys, but makes a man miss all the fun till he dies, and joins the stiffs that are up in the skies. Go to bed when you please, and lie at your ease, and you'll die just the same from a Latin disease.—Gillard's Medical Journal.

#### PRUDENT FORETHOUGHT.

"Maria, where are the children?"
"In the other room."

"Well, send them out of the house. I am going to pull that porous plaster off my back."



ALEMBERT W. BRAYTON, M. D., Editor.
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# Subscription, - One Dollar a Year in Advance.

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## The New York Medical Journal and Some Other Journals, Including the Indiana Medical Journal.

The JOURNAL has before extended regrets to the old and reliable publishing house of D. Appleton & Co., hoping with all others interested in good books and good journals that this firm may soon resume the name and fame to which its past record entitles it. The Popular Science Monthly, which the Appletons fostered at a time when it was the advance organ of evolution, and was therefore refused admission to the libraries of various sectarian schools, has done more to liberalize and popularize science than any single college in the country; indeed, it was a complete university in itself. It has now passed from the Appletons to the McClure Company.

The New York Medical Journal has been for more than a score of years the propaganda of the medical books issued by the Appletons, and under the able editorship of Dr. Frank P. Foster, it has also been one of the most useful and influential medical weeklies ever issued in the United States. When it was announced in late July that the Journal had been sold to

Mr. A. R. Elliot, the owner and publisher of the American Druggist, it was sincerely hoped by the friends of Dr. Foster, and his friends include all who have known him, that the editorial management would not to be changed.

It was to Dr. Foster and to the natural instincts and traditions of the Appletons that the high professional character of the Journal was due, although of late years certain articles have appeared in its columns of original communications which, we are told, had been refused by other journals, and which certainly lacked the sanction of Dr. Foster, as he felt compelled, in deference to his high esteem for ethical journalism, to apologize for them It is evident that the 6,000 editorially. subscribers and the advertising pages combined did not pay the expenses of the Journal, and therefore it was sold.

As is well known to those on the inside, medical journals are the most expensive of the periodical group. Such monthlies as Munsey's and McClure's are bought by dealers for 8 cents and sold for 10 cents; but, like newspapers, such monthlies look to their advertisers for pay and profit rather than to the subscription list. The Journal of the American Medical Association costs to make and mail about 8 cents a copy; the Philadelphia Medical Weekly, about 6 cents.

A journal like the Indiana Medical Journal costs from 13 to 15 cents a copy to make and mail, and yet we sell it to our subscribers for 8 1-3 cents a copy. Our subscribers are really sharers in the business profits of the Journal. If at any quarterly meeting of the Board of Directors a balance of two or three hundred dollars were discovered in the treasury, the Board would permit the enlargement and betterment of this journal. The excess, after paying the printer, the post-office and the officers, always goes toward making a better journal.

For the Indiana Medical Journal is peculiarly constituted. The editor does not own it; the business manager does not own it; no medical college pays its deficits at the end of the year; no hospital corps, no drug house, no publishing house is asked to foot its bills. It was founded on its present basis in March, 1892, by a board of stockholders who were and are practicing physicians in Indianapolis and

vicinity. All that they desired was a strictly ethical journal in which the regular profession in Indiana, and particularly those who are active in promoting the County and State societies and the National organization, could express their professional views, publish their scientific papers and advance the science of medicine.

No stockholder has received or expects to receive any dividend upon his investment, until the honest paid-up subscription list and the purely ethical advertising warrants such dividends. The result of this high professional standard and self-sacrifice on the part of the founders has been the establishment and the continuance for eight years of the best monthly medical State journal published in the Mississippi Valley. And our advertisers have appreciated the effort of the business and editorial management, and have stood by the Journal through the panic years when so many other journals went to the wall, or were supported by societies or colleges, or were compelled to sell their scientific and editorial pages to whoever would pay the price.

Of this journal it may be said as of

Emerson's bumble bee:

"Naught unwholesome or unclean, Hath our insect ever seen."

Wherever an Indiana doctor goes—to the State Medical Society, or the American Medical Association meeting, he may point with pride to the Indiana Medical. Journal as the true exponent of ethical medical practice and conduct in his commonwealth. And every Indiana doctor should be proud to subscribe for and help support a home journal published on so high a plane. By so doing he supports his local and State society and keeps in touch with the National association. He gets the proceedings of the State society the month of the meeting. He has an organ in which he can publish his views, either scientific or professional. He can find each month notices of the books issued by the great medical publishing houses. No other State journal is more highly appreciated by the medical authors and publishers, which alone is good evidence of the high rank of the Indiana MEDICAL JOURNAL.

Editorially the JOURNAL has aimed to be irenic rather than polemic, but has not

feared to express its views independently and courageously. It is our desire to furnish hereafter more purely medical editorials; that is, discussion of vital and current topics of interior medicine, surgery, obstetrics and sanitation. We have not the money to purchase these expressions and comments, but we have numerous and capable associates who are willing to aid the Journal in this way, and by their works our readers will know them. Without debt, with a loyal support in Indiana, with no enemies, loyal stockholders, attentive directors, and continuity of purpose, there is no danger of the INDI-ANA MEDICAL JOURNAL going to the wall.

We regret that all good journals can not survive. Happily, most of them do. Closing its comment upon the change of ownership of the New York Medical Journal, the Record of July 28th, says that this change of ownership may impress the truth that a medical journal is a different business venture from the ordinary paper or magazine, "upon the minds of the more or less experienced financial backers of some other of our contemporaries which are now being published at a heavy loss." We do not know, of course, what insight the Record has of the business concerns of its compeers, for only the books of the Association Journal are annually open to the public. possible the Record has in mind its esteemed competitor, The Philadelphia Medical Weekly? The apparent irritability of the latter journal upon the sensitive topic of the relative cost and merits of the several medical weeklies is frequently apparent. The western competitor of The Philadelphia Journal is the Association Journal, which Dr. Gould has at various times commended or chastised as his moods changed, for the course of the Association organ has been consistent and progressive under its present management. In his August 4th issue Dr. Gould presents a critical analysis of the business status of the Association Journal made at the Atlantic City meeting, comparing the price, subscription list, etc., with his own journal. He regrets the "commercial slavery that binds the rest of us," and whimsically continues, "If one were only competent, if we could hope to reach the standard-we would speedily apply for a humble place on the

editorial staff," and thus be able to share in "the ninety dollars above the salaries allowed him (Dr. Simmons) each week by the generous trustees for editorials."

Those who have read Dr. Gould's spicy, hortatory and pugnacious paragraphs in his own journal do not doubt his ability to "reach the standard;" indeed his name was before the trustees and desired by the majority as editor of the Association Journal, but he was at that time pledged to the new Philadelphia journal. Dr. Gould, with others, is in error as to the ninety dollars each week paid for editorials by the directors of the Association Journal. That sum, as was not made plain at the Atlantic City meeting, but as Dr. Gould should have known, for his name is included as one of the editorial contributors for the last year, includes reporting of special meetings, news gathering and condensing. Five thousand, or even ten thousand dollars is little enough for great journal like the Association Journal, or its only compeer, the British Medical Journal, to pay for medical editorials. These can only be written by experts, and not by men like Dr. Gould or Dr. Simmons, only comparatively recently in the medical and editorial current, and entirely occupied with the multifarious duties of managing editors and news collectors.

We earnestly hope that the Philadelphia Medical Journal will become for the medical centre which is its birthplace and home, and for the eminent medical leaders and teachers who are its initiators and financial sponsors, all that Dr. Jacobi claimed for it in his review of the great weekly medical journals of New York, Philadelphia, Boston, and Chicago, before the recent International Medical Congress at Paris—"a large weekly edition, with good, original articles, and well selected and digested extracts of whatever is best in the medical literature of both hemispheres, with a more ethical class of advretisements than most other journals can boast of, with a fearless editor, and with a list of subscribers that has exceeded 10,000 within two years." "It has succeeded to a certain extent," says Dr. But if the Philadelphia weekty meets and maintains these high ideals and ends—the child of joy to its editor, the strong arm of support to its founders, and a new beacon light in medical journatism—it must cultivate a larger spirit of charity and friendliness than in the past; the geniality and kindness of nature that has marked the course of Dr. Foster in his conduct of the New York Medical Journal may be by far the better course. Let it be lifted up so as to draw all men unto it rather than to attempt to drive them along its course with the scourge of satire, criticism and contempt.

(Since the above was written we notice that Dr. Foster's name appears as editor of the New York Medical Journal in the issues of Aug. 11th and 18th, and that the usual interesting and quotable editorials bear the undisguisable stamp of his wisdom and genius.—Editor.)

# In Lightning Vein.

"In lightning vein," we may well include the following statements from a recent optimistic paper in one of our exchanges on "The Therapeutic Value of Static Electricity," read at the West Baden Summer Meeting of the Mitchell District Medical Society:

"You may expect to cure a great majority of your cases of amenorrhea by general electrization and shock. For painful monstruction I have never had such beneficial results as I have had from. static electrization. I tell my patient that at the first appearance of pain to come to my place. She does. If she is able I have her sit in a rocking chair on the positive insulated platform, with negative pole grounded to water and umbrella overhead for one to five minutes. I give her local drawing from gas plant in right and left iliac region until relieved, which time is from three to fifteen The pain has subsided and my patient is to sit around or lie on lounge for the balance of the day or night, as I am prepared to keep them.

"Malaria is successfully cured by electricity with but few treatments, probably on account of the ozone which the system receives. On high mountains we see no malaria, and in swampy flat countries we have plenty, because there is a scarcity of ozone in miasmatic countries.

"We can abort an incipient cold, easethe pain of an abscess, make more rapid the convalescence from fever, brain fag, bronchitis, gastralgia, functional and real: disease of the heart, heat prostration, and I might mention at least one hundred other troubles where electricity will do as much to relieve as any other medical treatment. As to how electricity does all these wonderful things is not so plain.

"I should not be surprised if in a few years electricity will be given fifty times in a hundred where medicine is needed."

And thus ended the first lesson in the manifold uses of static electricity. We recall equally optimistic statements in regard to the 'possum's tail as a medical They are quoted from Marcgraves' History of the Spanish-American Colonies of some three centuries ago:

"The tail of this animal (Didelphys Virginiana) is a singular and wonderful remedy, against inflamation of the kidneys, and if the tail be chewed and laid on a part in which thorns have been thrust it extracts them, and I believe in all New Spain there is not to be found another remedy as useful in so many cases."

The 'possum's tail, like electricity, is also applicable to genital and maternal "Excitat veneram, et generat disorders: lac; medetur colicis doloribus, prodest pareintibus, et accelerat partum, promovet menses." Of course for these medical applications of the 'possum's tail a rocking chair or lounge could be provided and the patient could "sit around" or lie on the lounge for the balance of the day or night, less if need be, just as in the application of static electricity. The absence of hairs on the 'possum's tail does not, as far as we have investigated, detract from its medical virtues; indeed this singular phenomenon may have enhanced its virtues. As is well known, the tail for the hairs were used by is hairless Ham on the ark for banjo strings (according to that high evolutionary authority, Irwin Russell, in Scribner's Monthly, January, 1878).

Now Ham the only nigger that was runnin' on the packet,

Got lonesome in the barber-shop, and c'u'd'nt stan' the racket;

And so for to amuse heself, he steamed some wood and bent it,

And soon he had a banjo made, de fust dat

"Nebber min' de wedder," Helstrung her, tuned her, struck a jig, 'twas She soun' like forty-leven bands a playin' all togedder;

Some went to pattin', some to dancin'; old Noah called de figgers; An' Ham he sat and knocked de tune, he

happiest of niggers!

Now sence dat time, its mighty strange, deres not de slightest showin'

Ob eny hairs at all, upon de 'possum's tail a

growin'; An' curis too, dat nigger's ways, his people nebber los 'em, For where you finds de nigger dar's de banjo

an' de 'possum!"

The above explanation of the absence of hairs from this potent remedy may be of interest to those who wish to apply it intelligently, for as with electricity, "how the 'possum's tail does all these wonderful things is not so plain," and we can not know too much of the action of our remedies.

Static electricity, no doubt has its uses, and so does the 'possum's tail, as our quotation shows. But we should be conservative in the use of such powerful remedies and not expect too much from them. "Chewed 'possum's tail," is no longer used as an aphrodisiac, a parturient, galactagogue, or even to extract thorns from the foot; for the latter, "chewed tobacco" has been found to be equally "drawin'," by the country people, and it is certainly a better antiseptic. But "the old order changeth," and static electricity is now the prevalent hoodoo, among the suggestionists.

# Morbid Conditions Caused by the Bacillus Aerogenes Capsulatus.

The Shattuck Lecture by Dr. William H. Welch, Professor of Pathology at Johns Hopkins University and Pathologist to the Johns Hopkins Hospital.

This lecture was before the Massachusetts Medical Society, June 12, 1900. The Shattuck lectureship was established early in this century by Dr. George Cheyne Shattuck, whose Boylston Prize dissertation was suggestively enough. "The difference between mortification produced by our external course and that which is produced by a constitutional defect, the diagnosticks and proper mode of treatment of each." Dr. Shattuck endowed this lectureship and also the chair of morbid anatomy of the Harvard Medical School in Boston.

Dr. Welch's lecture is published in full

in the August 4th issue of the Philadelphia Medical Journal, occupying fourteen quarto pages. It is a great contribution to surgical pathology. President Garfield was accustomed to state in his lectures on education, that a college was not made of bricks and a catalogue; that given an oak puncheon, with Mark Hopkins at one end and the student at the other end, and you have the essential elements of a college. That is, he emphasized the educator. And so with Johns Hopkins Medical School-there were great endowments; the medical school was the natural outgrowth of the University, with its biological laboratories, and its hospital to supply abundant clinical and pathological material; the great Huxley gave the dedicatory lecture and installed his associate, Dr. Martin, as the head of the biological laboratory with Dr. William Brooks as a worthy American coadjutor. But the core of the movement has for years been William H. Welch; with him, not only as president and director, but also as an original investigator, the subject of pathology has grown up as natural history grew from 1850 to 1870 at Harvard with Agassiz as the inspiration.

It is often said that it matters not who carries the torch if only the light of progress advances. "No work begun shall ever pause for death." But some names of this generation will stand distinctly defined in the great white light that illumes the closing half of this century, for many ages to come; Darwin, Huxley, Tyndall, Spencer, Faraday, Agassiz, Pasteur. Virchow are in the list of the im-And Dr. Welch has the of Faraday, the persistence mortals. of Darwin, and the inspirational power as a teacher and leader of Agassiz. We may safely class his name with the names that are not writ in water. He did not need the Festschrift tendered recently by his students, grateful and kindly though it was—an honor to them as well as to him. This Shattuck lecture is good evidence that Dr. Welch is not living in reminiscence but is still leading the strenuous life. He illustrates the truth of Plato's statement that education is a lifelong process. It will be hard reading for the great majority of the medical profession—the routinists—but they easily pass it by, for like Bilroth, Dr.

Welch "only speaks to those who can hear."

The JOURNAL is pleased in this connection to note one of the earliest cases reported of the gas bacillus in this country was made at Indianapolis by the superintendent of the City Hospital, Dr. Charles E. Ferguson. Probably few surgeons in the West at that time were aware of the pathalogical significance of the gas bacillus as developed by Fraenkel and Welch; certainly Dr. Ferguson's promptness and certainty in the diagnosis of his case and his insistence upon immediate amputation, which was ultimately acceded to by the staff, resulted in saving the life of the patient. At that time but one similar case had been reported of successful amputation and that was from Johns Hopkins Hospital.

We append here a report of Dr. Ferguson's case as given by him at the Terre Haute meeting of the State Society and published in the Transactions for 1897. It is reported in Dr. Welch's record of cases with due credit:

On March 30, 1897, at 4 o'clock p. m., patient, M. O., was brought to the city hospital suffering from a bullet wound in the middle of the right leg. The wound was inflicted by a policeman while the patient was resisting arrest. The wound was covered by a soiled cheese-cloth bandage. The temporary dressing was removed by the house surgeon and a search made for the bullet by means of a sterilized probe. After an unsuccessful attempt to locate the missile, the leg was dressed and the patient sent to the ward. At 10 o'clock p. m. the patient complained of considerable pain in the wounded limb. Dr. J. S. Bergener, the house surgeon, removed the dressings and found nothing unusual in the appearance of the wound. Temperature 99.2, pulse 80.

The next morning the patient complained of intense pain. At 10 o'clock the dressings were removed by Dr. Bergener, who at once called me to the ward to see the wound. Around the entrance wound was a well defined area of redness, the skin tense and glossy, while from the wound there escaped a slight amount of sanious fluid. Pressure upon the limb gave distinct crepitation. This coudition extended from the external malleous to the knee. The temperature was 102.4, pulse 90, foot cold, anesthetic and discolored.

Patient was at once removed to the contagious pavilion. Cover slip preparations which I made from the serum of the wound showed the presence of a large bacillus morphologically identical with the gas-bacillus of Welch. By 2 o'clock p. m., March 31st the swelling had extended to Poupart's ligament,

the bright red skin changed to a bronzed or copper color, the foot cold and livid; crepitation was found extending above the ligament. After consultation with Dr. J. H. Oliver, amputation at the upper third of the leg was done at 4 o'clock p. m. Drs. W. V. Morgan, J. A. Sutcliffe, Edmund D. Clark, city sanitarian, F. O. Pantzer, A. W. Brayton, E. F. Hodges, W. F. Christian, W. D. Schwartz, and others, were present. As the leg was transfixed the knife was met by a gush of venous blood filled with numerous bubbles of gas. Complete closure of the flaps was not attempted. Three silkworm gut sutures were passed and the flaps subjected to a constant irrigation with sublimate solution until April 5th, when the flaps were closed with interrupted silk-worm gur. Granulation was so rapid that the drainage tube was forced from the flaps. Examination of the limb just after amputation showed that it was in an advanced state of gangrene. Bubbles of gas escaping from the bullet wound exploded with slight detonations as a burning The patient made a match was applied. rapid recovery under the care of Dr. R. O. Mc-Alexander, house physician, and was discharged on the 23d of April, twenty-five days after admission.

The extension of the emphysema into the abdominal walls made the prognosis very grave, as a favorable result depended on the hope that the bacillus had not yet invaded the tissues above the site of operation. Cultures made from the stump at the time of operation remained sterile, showing that the bacilli had not invaded the tissues above the point of amputation. The gas in the tissues above the infected area had dissected its way along the large vessels.

Laboratory experiments with a pure culture of this bacillus, taken from the tissues of the amputated leg, gave all the tests for the gas bacillus described by Dr. Welch in 1891, and by him called bacillus ærogenes capsulatus.

In the Journal of Experimental Medicine for January, 1896, Welch & Flexnor report twenty-three cases of infection by this bacillus.

Dunham reports five cases of infection coming under his observation, which he reports in the Johns Hopkins Hospital Bulletin for April, 1897. He demonstrated the important fact which Welch confirms by later experiment, that the bacillus is spore-producing. The vegetative form of this bacillus is killed by a temperatur of fifty-five degrees C., while the spores endure a temperature of ninety-nine degrees C. in water. The bacillus ærogenes capsulatus is wide-spread; its spores like many of the anerobic species, are undoubtedly found in the soil. Welch concludes, with much reason, that many cases of infection described as maligant edema, suppurative gangrene, gaseous phlegmon, emphysematous cellulitis, etc., are due to the bacillus ærogenes capsulatus.

At our request Dr. Ferguson has made a brief synopsis of some of the findings of Dr. Welch as detailed in his lecture. The JOURNAL has learned from correspondence with Dr. Wynn that it was the preparation of the Shattuck lecture and the concurrence of the Johns Hopkins Medical School examinations which prevented Dr. Welch attending the Pathological Section or giving personal assistance at the Atlantic City meeting of the American Medical Association.

The natural habitat of the organism is in the soil and intestinal canal of man, dogs, rabbits and swine.

Many cases of post-mortem emphysema are undoubtedly due to the presence of this bacillus, while the emphysematous gangrene, and infections of the pelvic organs of women so often reported as due to the color bacillus must be attributed to the bacillus erogenes capsulatus.

Its power to produce gas in the blood, organs and tissues of animals killed shortly after intravenous injection of the gas bacillus distinguishes it from the colon bacillus. Among other infections which have been mistaken for the gas bacillus is that from the bacillus of malignant edema. "The malignant edema bacillus is somewhat thinner, has a greater tendency to grow into filaments, is less readily stained by Gram, produces spores regularly in culture media, is motile, liquefies gelatin more rapidly, produces a foul odor, produces less gas in lactose bouillon, peptonizes clotted casein, generates little or no pus in rabbits inoculated intravenously and then killed by subcutaneous inoculation in susceptible animals; causes spreading bloody edema with lit-tle or no development of gas bubbles, and appears after death in filaments on serous surfaces.

The early presence of free gas in the heart and vessels without evidence of post-mortem decomposition has generally been explained by the assumption of entrance of air into the circulation. The assumption of this explanation in pregnant and puerperal cases is evidently without foundation, as systematic examination of these cases invariably reveals the bacillus ærogenes capsulatus.

The author is unable to determine whether the effects of this bacillus have been produced before or after death. It is an open question whether gas as well as bacilli may be present in the circulating blood and internal organs during life. In the great majority of instances in which gas bubbles are found in the blood and internal organs at autopsy, the evidence is in support of the view that the development of the gas is purely a post-mortem phenomenon.

Dr. Welch does not agree with those observers that contend that the gas bacillus does not attack healthy tissues. Virulent cultures, even in small doses can produce rapidly spreading gaseous phlegmons when inoculated into the subcutaneous tissues of susceptible ani-

mals. In human beings the emphysema may extend very rapidly into the healthy tissues, frequently outstripping in its advance the inflammatory edema. The anatomical and clinical study of uncomplicated emphysematous gangrene demonstrates that the disease is not, as many formerly supposed, simply an intense variety of ordinary phlegmonous inflammation or cellulitis, but is a disease sui generis. Clinical evidence favors the view that in most uncomplicated fatal cases, death is due to toxemia. Admitting the possibility of death from gas embolism, there is at present no proof of this opinion.

Infection of the puerperal uterus by this micro-organism leads to a variety of morbid conditions. The presence of gas in, the lungs of the emphysematous fetus, due to invasion of this organism, should not be mistaken for air in medico-legal cases. The urmary tract may not only be a portal of entrance for the gas bacillus into the circulation and adjacent tissues, but also be itself the seat of infection

by this organism.

Local and general gastro-intestinal lesions are not uncommon, and the gas bacillus is undoubtedly one of the causes of meteorism. Pneumo-peritonitis, with and without perforation, hepatic and biliary infections are among the infections traced to the bacillus ærogenes capsulatus.

Not the least interesting phenomenon in connection with infections due to this bacillus is the demonstration of its presence in the blood during the life of the patient.

It may exist, and multiply in the body with-

out the production of gas.

#### Dr. Keen-A Disciple of Deontology.

In our July issue we gave the address of Dr. Keen as President of the Atlantic meeting of the American Medical Association. It takes a high place among the ethical addresses of our profession. More distinctly didactic is the address by Dr. Keen to the graduating class of Rush Medical College, June 21, 1900, published in the Journal of the American Medical Association for June 23d. The average physician is not much governed or influenced by traditional theology, but he is never an infidel or an atheist, and is not regardless of the stern mandates of duty and conscience.

An international congress of deontology and professional medicine was held in Paris on July 23d to 27th. Our Dr. Keen would have been a worthy spokesman on that occasion. Concerning the meaning of the word deontology the *Record* states it was created by Bentham, the British jurist, who published in 1747 a work entitled Deontology, or the Science of Duty. Dr.

Lereboullet, the president of the congress, defined medical deontology as the science of the duty of the medical man to the public, to his patients, and to his professional colleagues. Deontology sprang from the soul. It followed the principles of equity; it engendered a sense of refinement; it produced harmony; it obliterated strife; and, though the most vague, it was the most powerful force, directing the life and the daily acts of the physician.

The following extracts from Dr. Keen's address to the Rush graduates show the author's high appreciation of deontology,

the science of duty:

"The ultimate basis of esteem is personal character. Wealth for a time may lend its glamor; intellectual attainments for a time may dazzle the judgment; power for a time may achieve apparent success; but when the testing time comes, as come it must to every man when some great temptation to do wrong confronts him, wealth and intellectual power are as if they were not; character is the one thing that tells in this life and death struggle."

"Remember that every time you are alone with a woman patient in your consulting room, with every eye barred out, she gives her honor into your hands and in turn you place your reputation unre-

servedly in hers."

"Manners make the man. The boor has no place among us. The physician should never be the fop, but always the gentleman; never unclean of clothes or speech, but always neatly dressed and so careful of his words that he need not ask, as did one of General Grant's aids: "There are no ladies present, are there?" 'No,' was Grant's stinging reply, 'but there are several gentlemen."

"Be familiar with the classics of English literature in prose and verse; read the lives of the great men of the past, and keep pace with modern thought in books

of travel, history, fiction, science."

"Never let the greed of gain dull the fine edge of professional honesty."

## Surgical Fanaticism.

Such is the title of an article by Dr. Ap. Morgan Vance, of Louisville, read before the Kentucky State Medical Society at Georgetown, May 9-11, and published in the Louisville Monthly Journal for

August. Illustrative operations, which Dr. Vance vigorously satirizes and condemns, are Kraske's resection of the sacrum to make growths of the rectum or uterus accessible, advocated by Dr. Montgomery, of Philadelphia, and carried out by an enthusiastic post-graduate who desired to shine as a great surgeon, with the result of three cases and three deaths. The rule of the greatest good to the greatest number does not justify this operation.

Second, the author castigates the fanatics who operate in forlorn cases of breast cancer, and particularly recurrent ones. His case in point was dissected twice, against the advice of Dr. Vance, in an Eastern institution where radical breast work is done, dying shortly after the second operation. These are cases of "surgi-

cal fanaticism."

Dr. Vance's third attack is on the advocates of supra-vaginal hysterectomy for cancer, with removal of the adjacent lymphatics, a method of work "so void of common sense" that "it is too absurd to mention." "This sort of thing is sheer nonsense, and should be frowned down by all more conscientious and less enthusiastic surgeons."

Edebohl's operation for examination of one or both kidneys through a lumbar in cision is quoted at length from his paper before the New York State Medical Society, January 28, '98, and is regarded by Dr. Vance—himself a kidney surgeon—as a grave operation and practically im-

possible of good results.

The circumcising fanatics receive due attention. The elittoris and foreskin were made for a purpose and not to be mutilated or removed. Early reflexion in childhood or infancy is all that is required; then the glands will take care of themselves. "These faddists should be more conservative."

"Twelve operations and twelve funerals" is the record for ligation of the abdominal aorta. The case of Wilson & Keen is cited.

Thus endeth the story of Ap. Morgan Vance. There will no doubt be plenty to answer him. But the outburst against extreme surgical procedures in cancer led by McMurtry, of Louisville, as against the teaching of the Eastern medical centres, has incited many papers. Indeed, there is

a plethora of papers on "Conservative Surgery" in present periodical literature.

# Senator Gilbert a Friend of the Indiana Medical and Health Laws.

Dr. Hurty, the secretary of the State Health Board states that our esteemed contemporary, the Fort Wayne Medicul Journal-Magazine has received a communication stating that Senator Gilbert was opposed to the passage of the medical and health bills. On the contrary, he voted for the medical bill, and introduced and advanced the health bill.

Opinions differ even in the discussions of the Indiana State Medical Society as to the utility of the medical law, because of its necessary recognition of medical sectarianism, and its inefficiency in subordinating charlatanism. It simply secures that medical charlatans shall have a diploma. But as to the health laws enacted by the last legislature, there has been the warmest approval both at home and abroad.

# Obstetricians and Gynecologists Meeting at Louisville, September 18th-20th.

The American Association of Obstetricians and Gynæcologists will hold its thirteenth annual meeting in the assembly room of the Galt House, Louisville, Ky., Tuesday, Wednesday, and Thursday, September 18, 19, and 20, 1900, under the presidency of Dr. Rufus Bartlett Hall, of Cincinnati, Ohio.

THE INDIANA MEDICAL JOURNAL will have a complete report of the proceedings in its October issue, made by Dr. Joseph B. Champion of Indianapolis, who made the extended report of the Indianapolis meeting of Sept. 19th to 21st for our October issue. This was the most faithful and interesting report made by any state journal of that meeting, occupying most of the issue. At the Indianpolis meeting Drs. H. O. Pantzer, O. G. Pfaff and Thomas Eastman of Indianapolis, were made members. Drs. Porter and Meyers of Fort Wavne, Sexton of Rushville, Dunning of Indianapolis, and Walker of Evansville, are also members, and will, no doubt, present papers.

A number of Indianapolis physicians not members, will attend and also physi-

cians from other Indiana cities, for this is a working body of the class characterized by Jacobi, who have no time to spare for excursions, entertainments, medico-politicial wranglings and other inconsequent pastimes.

# The Medical College of Indiana—Thirty-first Annual Announcement.

This college is the Medical Department of the University of Indianapolis, which also includes Butler College at Irvington as its Department of Liberal Arts, with Scot Butler as President; the Indiana Dental College in Indianapolis, with 217 students in its twenty-first year; the Indiana Law School, with William P. Fishback as Dean.

The corps of professors, lecturers, etc., of the Indiana Medical College is published in their regular advertisement in this Journal.

The present catalogue gives the names of the graduates, over 1,400 in number.

There are the usual announcements of the Preliminary Course of three weeks, open to all students and practitioners free of charge from September 10th to September 25th. This course comprises clinics and practical demonstrations, from 10 to 12 and 2 to 4 daily.

As to clinical instruction, the cata-

logue states:

"The clinical material at the disposal of the College is ample for all its requirements, sixty-two hours each week being devoted to clinical instruction to the various classes and sections.

"The Bobbs" Dispensary, owned and controlled by the College, is located in the College building. During the last year 12,000 cases were treated at this dispensary and utilized for clinical teaching. The senior class is divided into small sections and each section spends one hour a day in this work.

"The City Hospital, the only free hospital in this city of 200,000 inhabitants, except the hospital wards of the Medical College of Indiana, is open for clinical instruction two afternoons of each week, and clinics are given here by members of the Faculty. This hospital possesses one of the finest operating and lecture rooms in the country.

"The Central Hospital for the Insane,

with its 1,800 beds, has been by the courtesy of Superintendent Edenharter opened for clinical instruction. In connection with this hospital is one of the finest laboratories and lecture rooms in the world, and in this instruction will be given. One afternoon each week will be devoted to a clinic upon mental and nervous diseases and pathological demonstrations by members of the Faculty.

"Daily bed-side instruction is given to sections of the senior class in rotation in the wards of the Medical College of Indiana connected with the Deaconess's and St. Vincent's Hospitals, where the College

has exclusive rights.

"Friday afternoon of each weck is devoted to a general clinic in the lecture and operating room of St. Vincent's Hospital.

"The staff of the Indianapolis City Dispensary is composed largely of members of the Faculty of this College, and the clinical material may be utilized for

teaching purposes.

"Each student is required to have practical work in obstetrics, and the College maintains an out-door obstetrical department in connection with the College Dispensary, and in addition has the exclusive privilege of permitting its students to attend deliveries at the only free maternity hospital in the city. For this purpose the senior class is divided into small sections, which attend in rotation."

The Medical College of Indiana has always been strong in clinical instruction, drawing patients from a population of

over 200,000 people.

# National Health Association at Indianapolis, October 21st and 22d.

The committee appointed by the Marion County Medical Society and the Commercial Club to make arrangements for the reception and entertainment of the National Health Association, which meets in this city Oct. 21st and 22d, met at the Commercial Club last night and decided to hold the meetings of the association at the German House. The entertainment committee was instructed to make arrangements for such entertainments as will be appropriate for the occasion. It was decided that some time during the meeting a reception will be tendered to

every citizen of Indianapolis, who will care to attend.

On Oct. 21st the section on bacteriology and chemistry will hold a meeting in the pathologial laboratory at the Central Hospital for Insane. The general convention will convene at the German House, Tuesday, Oct. 22d at 10 a.m. In the evening a reception will be tendered the members of the National Association.—Daily Journal, Aug. 21st.

The preliminary announcement of the 28th meeting is already distributed.

The local committee of arrangements is as follows:

Mr. William H. Armstrong, president; Dr. John N. Hurty, secretary; committee on reception, Dr. L. H. Dunning, chairman; committee on entertainment, Mr. J. K. Lilly, chairman; committee on membership, Dr. Theo. Potter, chairman; committee on finance, Mr. John Carey, chairman; committee on printing and publishing, Mr. H. U. Brown, chairman; committee on information, Mr. F. A. W. Davis, chairman; ladies' committee of reception and entertainment, Mrs. T. C. Day, chairman.

# Points in Surgery by Dr. William V. Morgan, of Indianapolis.

The following "catchy phrases" are from the pen of one of the brightest minded and hardest working physicians and surgeons in Indianapolis. The author is still suffering from a somewhat protracted illness, having kept the house for several weeks, but his friends and physicians hope that he will soon be able to resume his work. Dr. Morgan is president of the Marion County Medical Society and was president of the Mitchell District Medical Society, but was not able to attend the West Baden meeting. found these aphorisms in the New England Medical Monthly, quoted from that nebulous authority known to editors as "exchange." The points are as follows:

- 1. A soft chancre burneth away fast.
- 2. An uncut felon should be considered felony.
- 3. For lacerated perineum septic repair is worse than neglect.
- 4. "Milk fever" belongs to the suckling stage of obstetric practice.

- 5. "Delayed shock" means either hemorrhage or sepsis; decide quickly and act boldly.
- 6. The golden rule for the passage of urethral sounds or catheters is, "Begin with the larger sizes."
- 7. Prolapsed funis calls for podalic version. Funis repositors should be left in repose. Delay means death.
- 8. Chloroform given near an open flame is likely to be decomposed into irritating and poisonous vapors.
- 9. In cases of obstruction of the bowel, with stercoraceous vomiting, lavage of the stomach, both before and after surgical interference, will greatly enhance the patient's chances of recovery.
- 10. One thing about which it is good to be "cranky" is adherent prepuce. Let no such pathologic condition escape you unrelieved. In convulsions of children, male or female, the prepuce should always be examined. Ten good digits in two good minutes suffice to overcome the resistance of the most adherent prepuce that was ever hung to a boy.
- 11. A 10 per cent. solution of antipyrine is a sovereign remedy for vesical hemorrhage. From four to eight ounces may be allowed to remain in the bladder for thirty minutes.
- 12. Don't be too quick to promise a perfect result after dislocation at the shoulder. The circumflex nerve passes closely around the surgical neck of the humerus, and often takes serious and lasting offense at the traumatism. Paralysis of the deltoid prevents abduction of the arm, permits gradual elongation of the capsular ligament, and recovery from it is usually slow and incomplete; hence the wisdom of a lagging prognosis.

# Sanitary Session at the Teachers' Institute, Vincennes, Indiana.

The Knox county teachers held a week's institute, devoting one afternoon and evening to sanitary discussions. The physicians of Vincennes and vicinity took the leading part discussing the various features of school sanitation. In the evening Dr. Hurty, the secretary of the State Board of Health gave an illustrated lecture on school house sanitation in the assembly room of the new high school building to a full house. Preceding the

lecture a dinner was given at the Grand Hotel, attended by physicians and citizens. The dinner was given, as stated on the menu card, "In honor of Dr. J. N. Hurty." Dr. Hurty seems to be covering the entire State in the interests of local sanitary reform and adequate legislation to that end.

# Chicago Drainage Canal Diminishes Typhoid Fever.

The Health Department Bulletin of Chicago records a great reduction of typhoid since the canal was opened into the Illinois river, thus taking away the sewage from the Chicago supply of Lake Michigan water. In five months the reductions amounts to 330 fewer deaths than the avearge for the preceding ten years. At \$5,000, the legislative value of life, the saving is \$1,100,000. Chicago is phenomenally free of typhoid; the April Bulletin shows 23 deaths out of a population of 1,750,000. In May there were but 19 Indianapolis, with a population deaths. of 150,000, lost three cases of typhoid in April and four in May, very nearly the same proportion as in Chicago. The deaths from cancer in both cities are about four times as many as from typhoid.

# Society Meetings.

# Mid-Summer Meeting Wells County Medical Society.

The society met at Poneto, August 14th, 1 p. m., with over thirty physicians in attendance, including a number from Fulton, Montpelier, Ft. Wayne and Indianapolis. Dr. Fred R. Charlton read a paper upon the "Management of Surgical Kidney Cases," discussed by Dr. F. H. Cook, of Bluffton, and Porter of Ft. Wayne. Dr. A. E. Bulson, Jr., read a paper on "Eye Lesions Indicative of Constitutionel Diseases," discussed by Dr. Hatfield, of Bluffton, and others. Dr. Alois B. Graham, of Indianapolis, read a paper on "Intestinal Diseases in Children," with discussion by Dr. G. E. Fulton, of Bluffton.

The popular evening session was held in the Methodist Church, with more people in attendance than came to Indianapolis to attend the "liberty" and "anti-imperialist" conventions. The scientific attractions were prophylactic and sanitary papers read by Dr. George W. McCaskey, of Ft. Wayne-"Achievements of Preventive Medicine"-and Dr. John N. Hurty, Secretary of the State Health Board, with the familiar topic of "Contagious and Infectious Diseases in Indiana." Both of these gentlemen are spell-binders of the highest order when holding heart to heart talks with the common people about their health and salvation. Dr. McCaskey is President of the Indiana State Medical Society, and Dr. Hurty is one of the great leaders in public sanitation in both State and national organizations.

The meetings of the county societies are the "real thing," as they take in the common people. The people of Poneto were not above entertaining the visiting physicians in their homes, each leading family reserving an apostolic chamber to solace angelic doctors visiting unawares. lawyer, the teacher, the preacher, the intellectual folk attend, and woe be to the speaker who does not rise to the expectation of so worthy and so critical an audience! The people are beginning to look upon the physicians as representing a really learned profession. The wild, wooly, uncouth and unkempt physician without culture or aspiration is rapidly passing into oblivion, and a new order is apparent. Any one of the speakers and discussionists on this Wells County program could have preached a sermon or discussed the political issues of the day before the audience whose physical wellbeing they were considering.

And the town folk contributed music, recitations, song and good cheer. Such are the amenities of the doctor's life in the sweet and beautiful hamlets and villages of Indiana.

# The South Bend Meeting of the State Society —Two Days' Meeting or Three?

The committee of arrangements are advocating a three days' session so as not to be compelled to divide the meeting into surgical and medical sections. Letters have been addressed to various members in the State asking their judgment as to a two or a three days' session.

There are advantages both ways. Those who go to the national meeting at St. Paul a week or two later, some forty in number, from Indiana, can scarcely spare

more than two days. Probably with a three days' meeting most would attend The writer of these obbut two days. servations is now editing the Transactions of the Anderson meeting. The scientific papers will occupy over three hundred pages with the discussions; many of the papers are eight to eleven pages in length, far exceeding the limit allowed even after judicious excision. Probably twenty papers in each section, not to exceed four or five pages in length, would be the better solution, thus getting through in two days. It would be a good innovation to have the president's address on Wednesday evening preceding the two days of scientific papers and business proceedings. In that case an evening scientific session could be held, or the evening devoted to social features.

There is nothing more delightful and refreshing than a moonlight visit by carriage to the great university of Notre Dame. The society would be justified in visiting a great school of arts, science and letters, but not in visiting factories. Our own choice would be for Wednesday, 7:30 p. m., for the first general session, reports of officers and brief president's address (if such an address be possible); surgical and medical sections, 9 a. m., and 2 p. m. Thursday; social affairs and recreation Thursday evening; surgical and medical sections from 8:30 a. m. Friday until 1 p. m., and then adjourn.

As a matter of fact the Friday p. m. session is illy attended and amounts to but little except hurry and worry. But "these things will be left," as the old Greeks said, "to the judicious." The meeting will be a fruitful one whether held two days or three.

# Thirteenth International Medical Congress. Held in Paris August 2, 3, 4, 5, 6, 7, 8 and 9, 1900.

(Special Cable Report to the Medical Record.)

GENERAL SESSIONS.

The first general session of the Thirteenth International Medical Congress was largely attended, nearly all of the six thousand members of the Congress and their ladies being present. The opening session was held in the enormous Salle des Fetes at the end of the Champ de Mars in the Exposition grounds. This great hall, which had been constructed from the old

Machinery Hall of the Exposition of 1889, is said to have a seating capacity, when all its space is utilized, of about 15,000. Its expanse of roof, covering an area of about 100,000 square feet, is unbroken by a single column, and were its acoustic properties perfect it would be unrivalled among the assembly buildings of the world. The hall, large as it is, was completely filled, and the gala dresses of the ladies and the glittering uniforms of the many dignitaries and military surgeons present made a brilliant scene.

M. Loubet, the President of the French Republic, who was to have opened the Congress, was unable to do so, and the pleasant task was delegated to the Minister of Justice. He dwelt upon the satisfaction which Paris and all France felt when, at Moscow three years ago, the representatives of the medical profession throughout the civilized world united in accepting the invitation of the French delegates to hold the thirteenth triennial session in Paris, during the continuance of the Exposition which marked the close of the most progressive century the world has ever seen.

M. Lannelongue, president of the Congress, then delivered his address, taking as his theme the importance and the value of international congresses, particularly of those called to discuss medical subjects.

After this, the presidents of the national committees of the various countries were presented to the congressists and spoke briefly in acknowledgment of their introduction. All were received with applause, but among them Lord Lister was conspicuous by reason of the volume and duration of the acclamation accorded him. Von Bergmann, of Berlin, representing Germany, made a few most enthusiastically received remarks in glorification of France, which he said was the cradle of surgery and of pathological anatomy. He recalled the names of some of the great surgeons of France and of the pioneers in that country in the study of pathology, whose labors had established the foundation upon which the great medical structure was now being erected. Kitasato, of Japan, was among the speakers.

Professor Rudolf Virchow delivered the first of the general addresses, taking as his subject the relation of bacterial infection and traumatism. A trauma, he said,

became harmful to the organism when it opened a portal for the admission of pathogenic micro-organisms, and when it so weakened the individual cells of the tissues that they were unable to overcome the microbes. All was not over when the specific bacteria had invaded the organism, for then began the struggle between them and the vital cells of the body, a struggle which was called disease. If the intruders were too strong, either absolutely by reason of their invincible virulence or of their overwhelming numbers, or relatively because of the weakened resisting power of the cells, the latter were more or less speedily overpowered, the organism succumbed in the unequal contest, and disease resulted in death. If, on the other hand, the micro-organisms were present in attenuated form or in small numbers, and the cells were in the enjoyment of their normal vital activity and had not been paralyzed by the shock of the initial injury, then the invading bacteria were vanquished and infectious disease was at an end. The province of medicine was to aid these cells in repelling the assaults of the invading hordes by whatever would strengthen the cells or weaken the microbes.

This address was regarded by Virchow's hearers as a full recognition by the great pathologist of the part played by bacteria in the pathogenesis of disease.

On Friday evening M. Lannelongue gave a reception to the members of the Congress and their ladies. The occasion was a brilliant one. It was marked by an excellent concert and the usual buffet supper. Many men of international reputation were present, among them Potain, Pozzi, Dieulafoy, Virchow, von Bergmann, Waldeyer, Weigert, Ehrlich, Ewald, Boas, Kitasato, Sforza, Yersin, Surgeon-General Van Reypen, U. S. N., Weir, Keene, Jacobi, Janeway, Maragliano, Babes, Baginsky, Marfan, and others.

The second general session was held on Monday, the fifth day of the Congress, in the grand amphitheatre of the Sorbonne, the proceedings being opened soon after 2 p. m. by M. Lannelongue, the president of the Congress. It was announced that the total number of registration of members of the Congress was 6,170. Of this number no less than 412 were Americans, the United States being fourth as regards

attendance in the list of nations, France of course being first.

Professor Pavloff, the delivery of whose address was postponed from Thursday, was unfortunately unable to be present on account of a sudden indisposition, and his oration was therefore read by Dr. Likhatcheff. The address was entitled "Experimental Therapy as a New and Extremely Fecund Method of Physiological Research." The author presented numerous illustrations of the solution of physiological problems, mainly effected through the light thrown upon the subject by the results of therapeutic measures. Physiologists were for a long time greatly embarrassed in their attempts to explain why death occurred after section of the vagus nerve in animals. This was due partly to the complex distribution and function of the nerve.

The death of the organism, this association of individual organs, was found not to be necessitated by the abolition of function of any organ, except, of course, a vital one such as the heart. We were able to treat successfully each organ as an individual, and upon early recognition of the disturbed function we might correct it or supplement it by a vicarious action in some other organ; indeed the machinery of the organism often adapted itself to the new requirements without our aid. As an example of experiment therapy, the results of which had contributed greatly to advance the science of physiology, the speaker referred to the treatment of myxœdema and of cretinism by means of preparations of the thyroid gland.

Professor Burdon Sanderson, of Oxford, then delivered an address on "Some Pathological Problems of the Present He passed in review the history of the cellular theory of morbid action, citing the experiments and teachings of Schwann, Robin, Kolliker, Cohnheim and Virchow down to the beginning of the bacteriological epoch in 1878. Pathologists were formerly interested chiefly in the study of inflammatory processes, since this study seemed best adappted to bring out into clearer view the cellular theory and to elucidate some of its unsolved problems. Now, however, the attention of all was concentrated upon the study of microorganisms as the active agents in the excitation of morbid processes. This devo-

tion to micro-biology had resulted in good in other directions. For example, it had contributed not a little to progress in histology, having led among others to the discoveries of Golgi and Cajal concerning the minute anatomy of the nerve structures—discoveries which might revolutionize neural pathology and therapeutics. It had also led to a plausible explanation of cell-function—that is to say, of the differences in function exhibited by cells of similar appearance and of the chemical action of cells upon each other-this explanation being that the action of the cell was dependent upon the presence of a special ferment developed within the cell itself as a result of its metabolic activity. The author's theory of inflammation was that it was a morbid process resulting from injury to the tissues caused by chemical noxa, but that these were not necessarily of bacterial production. believed in the existence of two types of morbid action—toxic and biotic. In the first the poison was the exciting cause of the pathological process, in the second this was the result of the vital action of the infecting mico-organism.

Professor A. Jacobi, of New York, then delivered an address entitled "La Medecine et les Medecins dans les Etats-Unis." The distinguished speaker was greeted warmly by the audience, in which were many citizens of his adopted country. Upon the conclusion of this oration the second general session was adjourned. The third and closing general session of the Congress was held on Thursday afternoon. On Monday evening a reception was given by the French committee of ladies to the members of the Congress and their families in the Palace of the Luxembourg. The reception was a brilliant one, but the

crowd was too great for comfort.

The closing session of the Congress was held in the amphitheatre of the Sorbonne under the presidency of M. Lannelongue.

"The Architecture of the Bones of Man and Animals" was the title of an address delivered by Professor Albert. The speaker showed how nature, in shaping the skeleton so as best to bear the weight it was obliged to support in the different vertebrates, had followed the same rules as those man had evolved through long experience in the construction of his

buildings. In other words, the rules of architecture were those of nature.

At the opening session of the Twelfth International Medical Congress in Moscow in 1897, Prince Gallitzin, the Mayor of Moscow, in his address of welcome, announced the foundation by that city of a prize to be awarded at each succeeding Congress to the person who in the period elapsed since the preceding meeting had done that medical work deemed to have been of the greatest benefit to humanity. The value of the prize was 5,000 francs (\$1,000), and it had been established by the city as the most fitting expression of its appreciation of the honor bestowed upon it in its selection as the place of assembly of the Twelfth International Med-Congress. The first prize was awarded at the Moscow Congress, on the motion of Professor Virchow, to M. Henri Dunant, the founder of the Red Cross Society, who was then living in straitened circumstances in Geneva. The second award was made, M. Lannelongue announced, to Senor Ramon y Cajal, of Madrid, for his great work in the study of the nervous elements, the possible benefits of which to mankind were incalculable.

The Fourteenth Congress, the president then said, would be held in Madrid in 1903, the medical faculty of the University of Madrid being charged with the arrangements for the meeting. This announcement was greeted with loud and prolonged applause, at the subsidence of which Professor Fernandez, the representative of Spain, rose and thanked the members of the Congress, and the general sessions were declared at an end.

# Mississippi Valley Medical Association at Asheville, October 9th-11th.

Attention of our readers is again called to the twenty-sixth annual meeting of this association in Asheville, October 9, 10, 11, 1900. Arrangements are rapidly being perfected to make this a most enjoyable and profitable meeting. The officers of the association are as follows: Dr. Harold N. Moyer, Chicago, President; Dr. A. H. Cordier, of Kansas City, Mo., First Vice-President; Dr. S. P. Collins, Hot Springs, Ark., Second Vice-President; Dr. Dudley S. Reynolds, Louisville, Ky., Treasurer;

Dr. Henry E. Tuley, Louisville, Ky., Sezretary.

At a meeting of the Executive Committee of the association held during the meeting of the American Medical Association, Dr. I. N. Love, of St. Louis, was selected to deliver the address in Medicine, and Dr. C. A. Wheaton, of St. Paul,

the address in Surgery.

A rate of a single fare for the round trip has been granted by the Southeastern Passenger Association, also the Associated Railways of Virginia and the Carolinas, and it is believed the Western and Central Passenger Associations will concur as soon as the matter is considered, which is generally within sixty days before the meeting. The Trunk Line Passenger Association has granted a one and a third fare to the meeting.

The headquarters of the association will be at the Battery Park Hotel, and here the meetings will be held, and also the medical and surgical exhibits. A rate of \$3.00 per day on the American plan has been granted by the management of the Battery Park Hotel. Correspondence with the chairman of the Committee of Arrangements, Dr. M. H. Fletcher, of Asheville, or with Mr. E. P. McKissick, manager of the Battery Park Hotel, will be necessary to secure accommodations.

Dr. Fletcher has the details of the entertainment well in hand, and those who attend this meeting in the "Land of the Sky" will never forget it. Those desiring to read papers must send the titles of them to the Secretary at an early date, with a synopsis of not less than twentyfive words, for publication on the program.—The Louisville Monthly Journal of Medicine and Surgery.

#### Pension Record-993,528 Names.

The forthcoming annual report of the Commissioner of Pensions, Mr. Evans, will show a grand total of 993,528 pensioners on the rolls July 1st last. The figures on which the report will be based are now complete and ready for incorporation in the report. They show that on July 1, 1899, there were 991,519 pensioners on the During the year 40,645 original pensions were granted and 4,699 names were restored to the rolls. To offset these 43,334 names were dropped from the rolls

during the year, including 35,809 by reason of deaths, 909 by remarriages of pensioners, and 6,616 for other causes, leaving the total number on roll at the first of this month 993,528. This is an increase of 2,010 pensioners for the year. The total number of claims of all kinds pending July 1, 1900, was 437,104, against 477,239 on July 1, 1899. The report shows a total of 260,797 names dropped during the six years ended June 30th, of which 193,014 were because of deaths. The number dropped by reason of death during the fiscal year just closed is about 14,200 less than was estimated.— Press Report.

# Imperialism and Porto Rico Smallpox.

One of the most noticeable of the acts of oppression for which the imperialistic government is responsible is the refusal to let the people die of smallpox. The year before the Americans came smallpox carried off 522 natives, and eighteen months ago 3,000 cases were known to exist. This afforded a pretext for the imperialists to manifest their power by ordering the vaccination of the entire population, and 790,000 of 900,000 were successfully vaccinated. No death from smallpox has occurred in the last eight months. The imperialists have taken away from the natives the privilege of having smallpox "without the consent of the governed."— Indianapolis Daily Journal.

#### Woolsey's Fall.

Farewell, a long farewell, to all my greatness! This is the state of man; to-day he puts forth The tender leaves of hope; to-morrow blossoms, And bears his blushing honors thick upon him; The third day comes a frost, a killing frost; And—when he thinks, good, easy man, full surely His greatness is ripening—nips his root, And then he falls, as I do. I have ventured, Like little wanton boys that swim on bladders, This many summers in a sea of glory But far beyond my depth; my high-blown pride At length broke under me; and now has left me, Weary and old with service, to the mercy Of a rude stream, that must forever hide me. Vain pomp and glory of this world, I hate ye I feel my heart new opened. O, how wretched Is that poor man that hangs on princes' favors! There is, betwixt that smile we would aspire to. That sweet aspect of princes and their ruin, More pangs and fears than wars or woman have: And when he falls, he falls like Lucifer, Never to hope again. -Shakespeare.

#### PERSONAL.

# Parke, Davis & Co.'s Indianapolis Branch.

Mr. Cyrus A. Smith sends the Journal the following announcement: "I take pleasure in notifying you that I have purchased a complete line of pharmaceuticals from the laboratory of Parke, Davis & Co. With especial reference to their biological products you will no doubt be interested to learn that I carry this valuable and important line, and store in a specially made cooling chest where the required temperature and other necessary conditions are constantly maintained.

"Having been in the employ of this firm for over thirteen years, I feel thoroughly acquainted with their products, and at all times will be pleased to afford information regarding any item in their price list. In future prescriptions to your druggist you can now be assured that he can procure any of the pharmaceuticals of P., D. & Co., from my stock at 51 Monument Place, Indianapolis, Ind. At my place of business I will fill prescriptions in original packages only."

#### NECROLOGY.

## Samuel A. Kennedy.

Shelbyville, Ind., Aug. 22.—Dr. Samuel A. Kennedy, one of the leading physicians of Shelbyville, died at his home in this city this afternoon. He was born in Northumberland county, Pennsylvania, March 20, 1835. He came to this county in 1853 and studied medicine with his uncle, Dr. John Y. Kennedy. In 1857, soon after graduation from the Ohio Medical College of Cincinnati, he married Eliza M. Kennedy, the daughter of his uncle. He left, besides his widow, five sons and one daughter.—Press Report.

Dr. Kennedy had been to Denver for residence with his son, Dr. Donald Kennedy, who is in practice there, but his health not improving, he recently returned to his old home at Shelbyville, where his sons Samuel Kennedy and S. C. Kennedy are in practice.

# Madison J. Bray.

Evansville, Ind., Aug. 22.—Madison J. Bray, the oldest physician and surgeon of Evansville, died to-night after several

weeks' illness. He was eighty-nine years old and had lived here sixty-five years. He was a military surgeon during the civil war.

The funeral services over the body of the late Dr. Madison J. Bray occurred August 24th from the St. Paul Episcopal Church, the Rev. Edwin Carter officiating. The services were largely attended. In the death of Dr. Bray, southern Indiana loses probably her oldest practitioner. He located here in 1840, and in the early days of his practice, it was nothing unusual for him to ride 200 miles to see a patient. Dr. Bray was a graduate of Bowdoin College, and was a roommate of the poet Longfellow while in that institution. A strong friendship sprang up between the two, which did not end until the death of the famous poet, several years ago. Dr. Bray was the first man to offer his services to the Union from Vanderburg county, in 1861. He was made surgeon of the Sixteenth Regiment. 1862 he was taken prisoner by the famous Confederate, General Bragg, and was treated with the utmost kindness. general was so impressed with the surgeon, that upon his release he presented him with a fine set of surgical instruments. Dr. Bray was the founder of the Evansville Medical College, in 1845. This was probably the first medical college in the State.—Indianapoils News.

# Reviews and Book Potices.

Medical College Catalogues.—National University, Washington, D. C.; Northwestern University Medical School, Chicago; New York Post-Graduate Medical School and Hospital; Central College of Physicians and Surgeons, Indianapolis; Toledo Medical College; College of Physicians and Surgeons, Baltimore.

The Living Age is a weekly magazine that never quits a home which it once enters, so helpful and so strong are its articles. It was never so valuable as now to the general reader, and simply because every intelligent man nowadays wants to know something of current European thought—indeed, he must know much of it to feel that he is at all well informed in

matters of current interest. A good deal of "expansion" in one line of reading will do us good, and nowhere else can so much of foreign literature, i. e., magazine literature, be found as in the weekly issue of the Living Age.—Northwestern.

Twentieth Century Practice. An international encyclopedia of modern medical science. By leading authorities of Europe and America. Edited by Thomas L. Stedman, M. D., New York City. In twenty volumes. Vol. XIX., "Malaria and Micro-Organisms." New York: William Wood & Co. 1900.

To this important volume there are but four contributors. Their names, however. carry a conviction of their ability to give in the eight hundred pages covered by their contributions all that is at present known of these most interesting topics. There are eleven beautifully executed plates on heavy glazed paper, which serve as frontispiece illustrations of the article on Malaria by Ettore Marchiafava and Amico Bignami, of Rome. This in itself makes a book of over five hundred and twenty pages, going into every phase of the question to which of late so much interest has attached. Simon Flexner, of Philadelphia, contributes the greater portion of the text on Micro-organisms, dealing first with the history and technique of bacteriology, then considering at length bacilli and cocci and other forms. Eugene L. Opie, of the Johns Hopkins University, follows with Protozoa, arranged according to classes and orders; the whole subject is made as concise and clear as is consistent with scientific accuracy. whole, the work is one of great interest. and the part played by the mosquito in transmitting malaria, now attracting such general interest, is found here freely discussed.—Journal of the American Medical Association.

The political campaign and the Chinese problem are the two most prominent topics in the August Review of Reviews. In "The Progress of the World," the editor analyzes the platform adopted by the Democrats at Kansas City. Among the contributed articles there is a brief review of the work of the Kansas City conven-

tion by Walter Wellman, followed by personal sketches of "Mr. Bryan at Home," "Theodore Roosevelt," by Jacob A. Riis, and "Roosevelt's Work as Governor." "The Chinese Revolution" is the subject of a well-informed and timely paper by Stephen Bonsal. Important phases of the situation in China are also set forth editorially.

Indiana Veterinary College.— Ninth Annual Announcement; 18 to 24 South East street, Indianapolis. Opens October 1st. Commencement exercises April 1st. Dr. Fred A. Mueller, president and treasurer, and lecturer in pharmacy and chemistry; S. E. Cross, M. D., Dean of Faculty and Professor of Medicine, Chemistry and Toxicology; L. A. Greiner, V. S., secretary and Professor of Clinical and Operative Surgery; George H. Roberts, V. S., Theory and Practice of Equine Medicine; J. W. Klotz; V. S., Obstetries and Castration; E. H. Kattenhenry, M. D. Physiology; Thomas Gaddes, M. D., V. S., Anatomy; A. S. Jaeger, M. D., Gross Pathology and Microscopy.

Among the lecturers are J. M. Greiner, V. S., Anatomy; F. C. Heath, M. D, Ophthalmology; J. V. Herron, V. S., Dentistry; John E. Pritchard, M. D., Meat and Milk Inspector; E. R. Keith, LL. B., Veterinary Law. The catalogue is attractive; the school is thorough, as we know from the men who are its teachers and from personal observations.

Lessons on the Anatomy, Physiology and Hygiene of Infancy and Childhood, consisting of extracts from lectures given at Rush Medical College by Alfred C. Cotton, A. M., M. D., professor of diseases of children; accoucheur and physician for diseases of children Presbyterian Hospital; staff member of the Central Free Dispensary and the Cook County Hospital; president of the Chicago Pediatric Society; member of the American Pediatric Society, etc.

This book fills a long felt want for a concise presentation of accepted facts in this important field of study.

To those who have known this eminent teacher of pediatrics during the past twenty years, no further introduction is necessary. One hundred illustrations, cloth, \$1.50 net, postpaid. Chicago Medical Book Co., S. E. Cor. Congress and Honore

streets, Chicago, Ill.

The above company advertise a number of their publications. Chicago may well support a propaganda of medical literature. As to Prof. Cotton's book there is no doubt his students and others will buy it, read it, and profit by it. He is very kind, very genial, and very practical. The writer attended some of his clinics in 1882. He asked an eager but unread practitioner from the southwest the nature of the depression in the skull of a babe under observation. "Well, Dr. Cotton, I think it is from the general depression from which the child is suffering." And Dr. Cotton never smiled.

The Journal of Surgical Technology is the title of a new periodical, to be published monthly, beginning July 1, 1900. It will be devoted to the consideration of the technic of surgical procedures, at a subscription price of \$1.00 a year. Valuable premiums are offered with the first subscriptions. Address the Technique Publishing Company, 404 East Fourteenth street, New York City, N. Y., for sample copy.

Reprints and Addresses.—Medicine as a Business Proposition; by Dr. Lydston of Chicago, before the St. Joseph County Medical Society, South Bend, Indiana. Abdominal versus Vaginal Section in the Treatment of Pelvic Disease, by O. G. Pfaff of Indianapolis, from the Journal of Obstetrics and Diseases of Women and Children. Apply to the author for copies.

Editor Journal.—Inclosed we are sending you a prospectus of Merck's Archives, also specimen pages from Merck's 1900 Manual of the Materia Medica, a copy of which will be sent to subscribers to the Archives for the current year.

Under separate cover we are mailing you a sample copy of the Archives, a monthly journal devoted to the entire materia medica and drug therapy. It presents articles by well-known teachers and authors, valuable papers selected from domestic and foreign periodic literature

and a chapter on progress in materia medica. Each number contains a concise summary of the most recent knowledge of drugs and the method of using them, as evolved from clinical and other scientific investigation. Price, \$1.00 per year.

MERCK'S ARCHIVES.

Clinical Examination of the Urine and Urinary Diagnosis. B. J. Bergen Ogden, M. D., instructor in chemistry in Harvard Medical School; assistant in Clinical Pathology in Boston City Hospital. Philadelphia, W. B. Saunders & Co. Pages 416. fully illustrated. Price. \$3.50 net.

416, fully illustrated. Price, \$3.50 net. Part I is devoted to chemical and microscopic methods; Part II to pathologic and diagnostic features. The peculiarities of the urine in various diseases are considered separately. Appendices are given for the qualitative and quantitative analysis of the urine. The book is well adopted to the wants of both the student and practitioner.

Practical Uranalysis and Urinary Diagnosis. A Manual for the use of physicians, surgeons and students. By Charles W. Purdy, LL. D., M. D., Queens University, Fellow of the Royal College of Physicians and Surgeons, Kingston, Canada; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys"; also of "Diabetes: its causes, symptoms, and treatment." Fifth revised and enlarged edi-With numerous illustrations, including photo-engravings, colored plates, and tables for estimating total solids from specific gravity, chlorides, phosphates, sulphates, albumin, reaction of proteids, sugar, etc., in urine. 6x9 inches. Pages xvi-406. Extra cloth, \$3.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia.

The fact that five editions of Purdy's work have been disposed of since 1894, is a token of the esteem in which it is held by the physician. Dr. Purdy has been an authority in this field for many years and has been frequently called in consultation in distant States in cases where the critical consideration of the urine and its function was invaluable.

Vol. XIX.

B

INDIANAPOLIS, OCTOBER, 1900.

Price, \$1.00 a Ye Whole No. 220.

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# Indiana Medical Journal.

Vol. XIX.

INDIANAPOLIS, OCTOBER, 1900.

No. 4.

# Addresses and Original Communications.

# MEDICAL PRACTICE IN RELATION TO ,THE LAW.\*

BY HON. J. B. KENNER, HUNTINGTON, IND.

In 1881 the Legislature passed the following law, being Sec. 512, Burns' Rev.

Stat., 1881:

"A witness who is an expert in any art, science, trade, profession or mystery, may be compelled to appear and testify to an opinion, as such expert, in relation to any matter, whenever such opinion is material evident, relevant to an issue on trial before a court or jury, without payment or tender of compensation other than the per diem and mileage allowed by law to witnesses, under the same rules and regulations by which he can be compelled to appear and testify to his knowledge of facts relevant to the same issue."

But, no matter how much we may moralize upon the matter, the law is as above stated, at this time, and the only suggestion I have to make is that the medical profession ought to insist that legislation be enacted providing that a physician, as a witness in a trial, when required to give a professional opinion, which involves medical skill and study, shall be allowed, and paid from the public treasury, a reasonable fee for the same, the same as an attorney is paid from the public funds, giving his professional services to a poor prisoner or a poor person in a lawsuit.

The special subject which I intend to discuss in this paper, after the few general suggestions heretofore made, which I hope may be useful, is the "Medico-Legal As-

pect of Insanity."

Unsoundness of mind, or, in other words, insanity, is by the statutes of In-

diana defined to be either of the following: "Idiot, non-compos, lunatic, monomaniac, or distracted person."

Whenever a person is afflicted with either of the above, and is found by a court to be so afflicted, he or she may be restrained of his or her liberty. A guardian may be appointed to take charge of his or her person and entire estate. Such a person can make no valid and binding contract. He or she cannot convey real estate, cannot make a valid will, nor alienate any property, nor, in fine, make any contract, that is legal or binding whatever.

This being the case, the careful and discreet physician can see at a glance the high and grave duty devolving upon him, to make no mistake in properly diagnosing each case, and giving such evidence, so that a sick, but sane man or woman, is improperly placed under the ban of insanity, and the disgrace (so considered) of being found a person of a diseased mind.

One of the cases in which the physician is frequently called upon to give evidence is the sanity or insanity of the maker of a will, and in these cases oftentimes the nicest discrimination and most careful study upon the part of the physician is called for, in order that the true condition of the case is properly and fairly presented to the court and jury.

Take a case of a man who is afflicted with a complication of diseases, various physical organs are affected; then the question may become a very important one, as to how far and to what stage these disorders may progress, until they so affect the mental faculties as to render the person incapable of making a valid contract. And in the case of a will or deed, or other contract, in which important interests are conveyed or affected, a will or contract made under such a physicial or mental condition often becomes the sub-

<sup>\*</sup>Read before the Huntington County Medical Society at its Annual Meeting, August 14, 1900.

ject of legal inquiry as to the competency of such a person to contract, convey, devise or otherwise deal with his property at all.

Mere weakness of mind as a result of old age, or infirmity, is not insanity, nor unsoundness of mind, but any disarrangement of the reasoning faculties, no matter from what cause, which deprives a man from associating ideas, weighing propositions and arriving at conclusions, is a disordered, and, under the law, a diseased mind.

Again, take the case of a person who always has been known to be economical, frugal and careful in business, and he, all at once, becomes reckless in the expenditure of money, makes improvident bargains and trades, his friends consider him If someone files an information in a court, stating that such person is an inhabitant of the State, and is a person of unsound mind, and incapable of managing his own estate, such person will be summoned and he will be placed on trial before a court. If a court or jury find him to be a person of unsound mind, his property will all be taken in the custody of the court, a guardian will be appointed, and he is practically a non-entity, a walking, existing animal. Sometimes he is restrained of his personal liberty, at all times utterly incapable of making a contract which would be enforceable even for The evidence, gentlemen of the society, which would bring about this state of affairs, or the opposite of it, would almost wholly come from the medical profession.

In the law, there must be some unsoundness of mind, that is to say, there must be some one or more faculties of the mind unsettled by some disease which prohibits the proper thought, consideration and an application of the reasoning powers, such as a sane man applies to all business affairs of life, before the man will be forcibly ejected from the control of his property, or that a surveillance will be placed over him by way of a guardian, or that before he leaves life he may not by will bestow his property upon the persons or in the manner he desires.

More than one or a thousand men have gone to the gallows on the evidence of physicians, and thousands more have gone to prison on the same evidence. So you see the grave, high and responsible duty of the physician.

This is transitory mania or emotional insanity, sometimes called moral insanity, and the difficulty of the physician is in diagnosing such cases, for, usually, in such cases, the subject was and had always been, prior to the violent act committed, considered sane, and after the act again resumed apparently a normal condi-

tion of mental equilibrium.

If the prisoner knew, abstractly, right from wrong, at the time of the act, he was and is generally held responsible, both in the United States and in England. In isolated cases, however, account is now made of partial or modified responsibility, and of moral or emotional insanity. Transitory mania even is sometimes allowed to excuse the criminal, though its existence is still questioned by some very

respectable authority.

It is fair, then, to say that the law is suspicious of this class of insanity, for the reason that it is difficult for the ordinary man to believe that one may have all the use of his faculties, know right from wrong, up to a moment before an act is committed, but that on a sudden impulse and by reason of some violent and sudden transformation of the mental system, reason suddenly leaps from her citadel, and the man is irresponsible, but the law in isolated cases and under certain mental conditions recognizes transitory or emotional insanity as an excuse for crime; hence it requires the scientific man, skilled in the study of mental diseases, to be able to intelligently examine into and inform a court or jury whether the accused, at the moment of the act, was rational, for, if it be true that suddenly a man's reason may be dethroned, and while acting under such abnormal mental condition, he commits crime, he ought not to be punished for it any more than crime committed by a life-long maniac, but the circumstances surrounding the case, the fact of previous sanity, followed by a normal condition, make the physician's task a very difficult one indeed.

My observation in the practice of law, and my belief is that one may be irresponsible from a sudden attack of transitory mania, and, that, if violence is committed while in such condition, it is excusable.

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If this be true, why discountenance a single attack of transitory mania or emotional insanity. The best learning of physicians and students of mental diseases concur that transitory mania may and does exist.

When a case of that kind occurs it brings out the great and absolute necessity of the physician. Everything turns to the medical profession. There is no place else to go, and then comes the physician's difficult labors. He is expected to fully and truthfully inform the jury whether, in his professional opinion, under all the facts and circumstances, the accused was insane, or partially insane, or momentarily insane, to such an extent that he did not have the power to control his actions.

## NOTES FROM THE PATHOLOGICAL LAB-OBATORY OF THE CENTRAL INDIANA HOSPITAL FOR THE INSANE.

BY DR. JOHN B. BRIGGS, JR., Acting Pathologist.

In the course of a number of autopsies, performed according to the routine methods as laid down originally by Virchow, and carried out on all the varied classes of cases met with in a large institution, it is perhaps not surprising to find results at first considered unimportant, increasing in interest as the findings in one case are correlated with those of succeeding and preceding examinations. During a summer's service in this laboratory, this fact has often been impressed on the mind of the writer, and he feels that several points of general interest have been emphasized by the recurrence of the same class of lesions in many cases of sufficiently diverse character observed by him at the post-mortem table. In an insane hospital of the size of the Central, where approximately two thousand patients divide the time and responsibilities of six physicians, it is natural that many morbid alterations should remain unsuspected until revealed at autopsy-especially when the affections have no very obvious effect on the general condition of the patient, and when they do not interfere with the regular course of the psychosis. are many pathological changes which are only of interest in the laboratory, which have no recognized clinical symptomatology, and whose diagnosis is always a tentative matter, deserving usually but little credit if correct and as little criticism if unjustified by anatomical findings. It is in these classes of cases especially that the clinician yields a heavy handicap to the pathologist as regards positive diagnosis—the latter opposing the direct evidence of the eye to the inexact methods of which the former is compelled to make use—and the material of the present notes is drawn largely from this category.

Frequency of Chronic Passive Congestions.—Lesions of this character, indicative in their more pronounced degrees as they are of some vascular disturbance of a more or less mechanical nature, lead one always to look with particular care to the condition of the liver, the right side of the heart, and to the probabilities of an adequate width of bed in the domain of the pulmonary circulation. In an uninterrupted series of seven autopsies in this laboratory, chronic passive congestion, in particular of the abdominal organs, was observed in every case, varying in degree with the individual case, but in nearly every instance of so marked a nature that the naked-eye appearances of the fresh organs were sufficient to establish positive The patients were of widely diagnoses. different psychial types—manias, melancholiacs, paretics and epileptics—and had had physical symptoms varying from pulmonary and intestinal tuberculosis to no history at all, two of them having died suddenly while in the best of apparent health, one from sclerosis of the coronary arteries, and the other from some cause which was undiscoverable at autopsy and at the subsequent microscopical examination of the preserved organs. the cases showed any evidence of cirrhosis of the liver, nor was there even any microscopic evidence of proliferation of the hepatic connective tissue. No case presented any valvular heart lesions of significance, though in one or two instances a slight diffuse thickening of the atrio-ventricular valves on both sides were observed; nor in the series was there any example of general arterio-sclerosis of high degree or other anatomically demonstrable vascular lesion or impediment, the only interesting vascular alterations being those of the coronary artery case above mentioned, and even this subject, a man of sixty-two, did not present a degree of

atheroma such as is usual with men of his age. One man showed a moderate brown atrophy of the myocardium; in two of the cases only was the heart distinctly smaller than normal (weighing in each case 180 grams); while three individuals had suffered from a moderate cardiac hypertrophy, probably as the result of nephritides of long standing.

Such variety of anatomical findings, having in common hardly anything besides the constant chronic congestion and the quite equally constant lack of mechanical cause for it, opens a field for speculation which it is a great temptation to enter. Can not some aspect of the daily life of the insane be adduced as affording the general constitutional condition for stagnation in the circulatory system? That is, indeed, a difficult matter to decide. From personal observations, I do not think that the class of patients on whom these observations were made lead much more bodily inactive lives than the average inhabitant of cities in this country, or, at least, that any general lack of exercise among them can be sufficient to produce the necessary vascular engorgement with such surprising regularity. That the source of this condition is to be sought for in some external or internal influence which is capable of affecting a large number of individuals, is sufficiently obvious from a consideration of the histories of the subjects already examined. What this source may be, and where we are to look for it, is not very clear to me at least. That the critical analysis of a larger amount of material would solve the difficulty is probable—at any rate, much of interest and of benefit would result from an investigation carried on with this object in view.

Colitis.—The Atrophic patient, woman, thirty-five years of age, had suffered from phthisis pumonalis for some time, and, as the autopsy showed, had succumbed to a more recent infection of the lungs as a result of the breaking down of old tubercular foci in both apices and the consequent inhalation of the infectious matter by way of the bronchial tree. Her lungs presented a typical macroscopic and microscopic picture of caseous and gelatinous pneumonia; the extent of lung parenchyma involved in the infiltrative process when considered in connection with the considerable cavities already present, giving cause for wonder as to the possibility of adequate respiration during the last few days of life. On opening the abdominal cavity, and drawing away the superficial coils of intestine, the appearance of the lower portion of the large intestine was very striking. To quote from the autopsy report, "the rectum, sigmoid flexure, and ascending colon are much diminished in diameter, pale and anemic, hard to the touch and rolling cord-like under the fingers. At the splenic flexure this condition ceases quite abruptly and the gut assumes its normal size, texture, and appearance, the remainder of the small and large intestines being apparently perfectly normal." On section the colon contained a small amount of fæcal material; the intestinal wall in the region described was so thin as to be almost transparent, the small vessels of the mucosa standing out distinctly when the intestine was held up against the light. Microscopically, "all the coats have undergone great diminution—the glands of the mucosa are low and scanty—the submucosa is practically absent, the mucosa resting almost immediately on the muscular layers, which are themselves of parchment-like thinness." In spite of the atrophy of the epithelial, connective-tissue, and muscular elements, one of the tissues remained undiminished and perhaps had been somewhat increased in amountfor in stained preparations the observation was made that "the solitary lymph follicles are of good bulk, and a more diffuse even layer of lymphoid tissue extends uniformly immediately beneath the mucosa throughout the gut." Extensive as was the lesion in this instance, and notwithstanding its location, where it might be thought that it would surely lead to some form of intestinal irregularity, during life no evidence was obtained of any abnormality in the functions of the bow-It is quite likely that such marked atrophy of the walls of the colon would in a person previously and otherwise in good physical condition, lead to a failure of nutrition that would direct attention to the condition of the digestive tract; but in this case any such effects were necessarily obscured by the cachectic condition produced by the deep-seated infection with the tubercle bacillus. Three special possibilities suggest themselves as etiological factors in the production of the lesion

under consideration, viz., congenital malformation, the sequelæ of acute infection (e. g., dysentery), and prolonged ischæmia of the parts involved. It would seem very unlikely that any developmental anomaly of this nature could have escaped notice by the patient herself during the twenty years or more previous to the alienation of her mental faculties, or that its existence should not have caused any subjective or objective symptoms. the healing of dysenteric ulcerations of an acute or chronic type may leave behind an extensive atrophy, in particular of the mucous coat of the intestine, is a perfectly well established fact—but that a dysentery should involve uniformly the whole of the canal below the splenic flexure, and that it should have an upper margin of delimitation as sharply defined as if made by the knife, is beyond the bounds of probable conception. On the whole, it seems most plausible to assume, in view of the localization, uniformity, and exact limitation of the lesion, that its cause is to be looked for in some inadequacy of the blood supply to the part, probably conditioned itself by injury to or disease of one or more of the principal It is to be regretted that it was impossible in this connection to carry out a thorough examination of the branches of distribution of the inferior mesenteric artery.

Disease of the Cerebral Arteries in Acute Mania.—The patient, a man, sixtytwo years old, had been admitted a week previous to death, with the diagnosis of acute mania. He was an old soldier and had drawn a pension for some time for "heart disease;" he was found one morning dead in bed, and the autopsy revealed a degree of sclerosis of both coronary arteries that left no doubt as to the cause of his sudden demise. Arterio-sclerotic changes were also responsible for a very moderate thickening of the thoracic and abdominal aorta and its larger branches, but in general the small and mediumsized arteries of the body were found quite free from alterations of this nature. removing the brain, however, the extent to which the vessels within the cranium had suffered was strikingly apparent. "The pia mater over the base and over the somæsthetic area of the cortex shows a diffuse well-marked cloudy fibrous thickening. The vessels of the cortex are everywhere deeply congested-especially so in the fossa of Sylvius and the cortex of the insula Reili. The arteriæ madiæ cerebri on both sides as they run into the fossæ of Sylvius show in their walls several firm nodular thickenings, whose yellowish-white color contrasts with the almost cyanotic blue of the vascular wall on either side; and whose cartilaginous rigidity differs widely from the easy collapsibility of the vessels where they are free from these nodes of thickening. The same condition affects both vertebral arteries, parts of the circle of Willis, and the anterior cerebral arteries, while at the point of division of the basilar artery an especially rigid and prominent induration of the wall gives the gnarled appearance of a knot in an otherwise smooth and even twig.' Microscopic section of several of these nodules showed the intima to have undergone extensive proliferation and subsequent disintegration, several preparations giving the typical picture of the so-called "atheromatous abscess;" all together, the amount of blood entering the cerebral vessels must have been much diminished as compared with normal conditions. Section of the brain revealed absolutely no signs of foci of softening nor any gross evidence that the brain had suffered structurally from the curtailment of its blood-supply. Naturally enough, one is tempted to consider the possible nature of the action of the altere dsupply of nutrient material on the function of the finer elements of the brain, and to attempt to connect in some definite relation this vascular lesion and the psychosis of the patient. Of course, it would be idle to attempt to erect to the dignity of a general cause in manias this alteration, which is quite individual in its distribution; but in this instance the brain has shown its tendency to degeneration, functionally in the failure of its normal activity and organically in the special susceptibility of its arterial system, whose pathological condition could not have been without some influence on the processes carried out beneath the cortex. From the nature of things, positive proof in such cases is never available—but with a hereditarily susceptible central nervous system it is quite possible, if not probable, from what little we know of psychic processes in health in disease, that a cutting off of a significant part of the nutrient fluids from

the brain in a gradual and regular manner, might induce such vagaries of function as would make up the maniacal symptom complex.

Central Insane Hospital, Sept. 8, 1900.

### ABSCESS OF BRAIN WITHOUT HISTORY OF SYMPTOM BEFORE ENTRANCE OF HOSPITAL.

BY WALKER SCHELL, M. D., TERRE HAUTE, IND.

E., aged forty years, entered St. Anthony's Hospital June 1, 1900. Treated in surgical ward for supposed facial erysipelas. Sent to Dr. J. W. Worrell, oculist, for operation for supposed resulting orbital cellulitis.

About the middle of July became unconscious and had convulsion, and was

placed in my care for treatment.

He had high fever, convulsions and was unconscious when I first say him. There was redness and swelling of the left side of the face, including the orbit and regiotemporatis.

Under antiseptic dressings or spontaneously the erysipeloid inflammation disappeared from the face and patient improved so as to answer some questions, but not very rationally or satisfactorily.

During the greater part of the time patient was absolutely unconscious. Could at times be partially aroused by loud

questions and vigorous shaking.

Fed by nurse part of the time with much difficulty. Motions in bed without warning. Three days before death great difficulty in swallowing, stupor more profound, no replies to questions, sank into deeper stupor and died August 1, 1900.

Autopsy seven hours after death. neath the temporal muscle and involving the muscle itself was discolored gravish pus, more in the nature of an infiltration than abscess formation with limitary walls of cavity. On the inside of the skull, upon the dura, which was much thickened and clouded, was much grayish ash, slightly greenish-tinted thick pus, evidenly very old. This pus was along the distribution of the obliterated middle meningeal artery in the middle fossa of the cranial cavity and the squamous division of the temporal bone. The bone itself was eroded for a considerable distance. The erosion was for the most part along the groove for the middle meningeal artery extending downward to the foramen spinosum and toward the sphenoid sinus opening into the orbit, but not reaching that portion of the middle fossa of the skull.

There did not seem to be any acute process of inflammation present anywhere. The erosion had perforated the temporal bone beneath the temporal muscle and the opening was large enough to admit the index finger. This looked like nature had made an effort to do a surgical operation. In the tempero-sphenoidal lobe of the brain was found a mass looking much like a tumor, which was enucleated entire with the finger, separating it from the rest of the brain tissue. This mass or section was found to be an encapsulated abscess embedded in the temporo-sphenoidal portion of the brain on the left side. abscess cavity contained six or eight grammes of pus and the walls were well marked. In the left lateral ventricle was second encapsulated abscess, slightly smaller than the first abscess. The orbital tissues were of a dirty, waxy color, infiltrated and hardened, but there was no evidence of pus or breaking down of tissues.

The eye was atrophic and the ball collapsed. The optic nerve, as far as traced, appeared normal to the naked eye.

The brain tissue was highly anæmic and very soft, almost necrotic in regions surrounding the encapsulated abscesses, so that both abscesses were very easily separated from surrounding brain tissue, which

formed indeed partition walls.

There was evidence of old meningitis, but the pathological evidence of this was There was no extensive not extensive. fresh disease to produce death. There was no history and no evidence of ear trouble. There was no sinus disease. That these abscesses were very old was evident not only from their character and the character of their contents, but also from the fact that all the pus in the brain not abscesses and without was absolutely sterile. No growth took place on any of the culture media inoculated. The surprising thing is that a man should be able for weeks and months, possibly for years, to go about his business with two large encapsulated abscesses and should come to section in a strange hospital absolutely without history of previous disease, as far These abscesses were, as we can learn.

furthermore, located in portions of the brain supposed to be physiologically ac-

# AFTER-PAINS FROM EXTRACTION OF TEETH.

#### BY CHARLES B. ISAACSON, M. D., NEW YORK.

This condition of after-pains generally arises one or two days, or even a week, after the offending member has been ex-The symptoms vary in intensity from causes which I shall proceed to enumerate.

The direct physico-pathological causes are dimly recognized, and relief is sought by the usual antiseptic measures, which, in minor insignificant cases, may be successful.

The local application of cocaine in solution to highly inflamed tissues I hold to be reprehensible; for tissues in that condition do not absorb the medicament, and the danger of a harmful quantity of the drug being swallowed is great. Again, I cannot deprecate too strongly what I may call the wanton use of hot poultices on the face; it seems as if the intervening thickness of the facial muscles is entirely ignored, while the result obtained is only the further infiltration of pus, and the extension of the inflammation to tissues which had been entirely normal, thus causing the original trouble to be exacerbated.

In some cases it may be necessary to use heat in order to lessen the tension, but surely it is only logical to apply the heat directly to the parts affected, which can be very easily done by using pledgets of cotton on pieces of gauze, folded to a sufficient size, steeped in hot water (one or two per cent. solution of carbolic acid is suggested) or a hot infusion of chamomile flowers. The heat is thus applied directly where it is wanted. I have always found cold packs contraindicated.

I wish to enumerate the possible causes of after-pains, and at the same time venture to suggest the means of relieving the same: (1) the retention of the pyogenic membrane in the socket; (2) expansion of the osseous walls; (3) fracture of the alveolus; (4) sundering of the maxillary process and alveolus, with accompanying lacerations of the tissues; (5) the retention of roots and spicula in the socket;

(6) that particular condition of the alveolus and septum from which the gum tissues have been denuded by the encroaching of salivary calculi; (7) the inflammation of the tissues and the undermining of the alveolus from perforation by pus from long-standing pyorrhœal discharges or alveolar abscesses from old roots.

1. The retentoin of the pyogenic membrane is generally followed by acute pain. When a tooth with septic pericementitis is extracted, the pericementitum may or may not be attached to the root. As there is an intense inflammation with plastic exudations, the chances are that the pericementum will still adhere to the lining membrane. In order to relieve this condition, it is necessary to remove all clots, and to curette the socket. For this a small, blunt curette, or preferably a rose burr in the dental engine, should be used. As a soothing application, I have found the following prescription very effectual, used on a tampon in the socket:

Mentholi, acidi, carbolici, tinct. iodi., 1 ounce; ether, chloroform, 3 grams. M. S.

External use.

Of course, after the curetting it is necessary: to irrigate the socket with a solution of hydrogen peroxide, plus any antiseptic, optional with the practitioner.

2. In a large number of cases, the outer or the inner wall has been bent, and possibly slightly fractured. In many such cases I have found the usual methods of irrigating and packing of little or no The suffering is usually intense, while the swelling interferes with deglutition, and the pocket becomes a vertable receptaculum for mucus, food, and unhealthy granulations. In these cases I have managed to obtain relief in a very short time by using the rose burr and cutting away the bent ridge, burring away all the irregular edges, making the parts as smooth as possible. This is to be followed by irrigating and packing, and, I believe, with signal success. minor cases, in which the alveolus has been bent out of shape, compression of the parts, with thorough cleansing of the cavity, will answer. I have always been suspicious of cases in which the alveolus has been luxated, and always feel more confident when I have removed that part.

3. Fracture of the alveolus. This would require the removal of the fractured part, smoothing of all the irregular points, the usual thorough irrigation and antiseptic . this bone has been largely interfered with, treatment.

4. Sundering of the maxillary process and alveolus, together with laceration of tissues. This will present to the practitioner the appearance of a large surface, intensely inflamed, caused by the gum contracting over the serrated edges (for, like all tissues, the gum forms a cicatrix, which exerts considerable pressure). The gum, in trying to contract over these sharp points, becomes intensely inflamed, the pus burrows underneath, forming pockets along the whole ridge, and owing to the sack-like condition is generally in a septic condition.

The treatment in this case is to relieve the condition by one or more incisions parallel to the axis of the maxillary; then with the curette, or still better with the burr, all irregularities of the alveolus and maxillary should be cut away, so that the surface is absolutely smooth. A thorough irrigation of the parts and packing them with antiseptic gauze will bring about de-In deeper cavities I have sired results. used almost every remedy recommended, but have found that none possessed the analgesic properties of iodoform, and though this is so objectionable by reason of its odor, it seems to do its work.

5. When there is retention of the root, and spicula are in the pocket, the cavtiy is to be cleansed of the spicula; and if the root cannot be removed by forceps or is too small to be grasped, it can be burred out.

6. This condition is a peculiar one, but easily recognized and diagnosticated. This occurs mostly with teeth which have become elongated from want of antagonism; the roots are more or less exposed; deposits take place on them, pushing the tissues farther up from the alveolar wall, leaving it and the septum denuded. After extraction (these teeth are often pulled out by the patient himself), the gum refuses to cover the necrotic wall and septum—hence painful consequences follow.

Relief in this case is very easily obtained by cutting away the dry, friable, necrotic bone until the healthy bone is reached. The usual antiseptic treatment and irrigation are in order.

7. Perforation of the alveolus from an invasion of pus. When repeated perforations have taken place in the alveolar wall, it may be assumed that the nutrition of

this bone has been largely interfered with, impaired, or arrested, and that the wall thus undermined really becomes a sequestrum. The appearance of such a condition would be a large pocket, a bulla of pus outside the ridge, considerable swelling, and possibly the burrowing of pus in several directions. This condition, I have noticed in a large number of cases, takes place long after extraction. The treatment for the same would be a crucial incision, removal of the necrotic wall or sequestrum, and a smoothing of the parts, irrigation and packing as in the preceding cases.

As these cases come under the observation of physicians who are called in to correct the blood-poisoning, which the patient is always supposed to have, and as a great deal of censure is given to the dentist for having extracted the tooth so brutally or so unskillfully, I wish to say that I have sufficient respect for the ability of my confreres to know that these conditions are never produced intentionally, and that they are due to causes which may be beyond their ken, and which arise unexpectedly. Much may be ascribed to the neglect of the patient.

In performing these operations, I have found it more advisable to do so by the aid of ethylic chloride or the injection of cocaine. The use of nitrous-oxide anæsthesia I have found impracticable on account of its short duration and the danger of using the dental burr in a hurry. Of course, in some cases, anæsthesia by ether or chloroform is absolutely necessary to perform the operation thoroughly.

I have not mentioned the possible inoculation from unclean instruments. Such cases have to be diagnosticated per se. I have omitted to mention the pains which may, and often do, arise in neurasthenic patients; pains which persist in syphilitic patients; and finally the vagaries of the female nervous system during pregnancy and the catamenia. These require the careful attention of the medical practitioner for constitutional treatment, with the advisable collaboration of a dental surgeon. Every practitioner fastens upon some remedy which has proved faithful to him; so the selection of any preparation, from mercuric bichloride down to boric acid and formalin solutions, is purely optional.

To conclude, I wish to convey the idea

that such pains are caused only by foreign substances, whether they are spicula, sequestra, tissue, clots, mucus, or food retained in the socket; and the removal of these is paramount in any local treatment that can be used.—Medical Record, August 11, 1900.

#### EXERCISE VS. REST CURE.

#### BY J. G. NEHRBAS, M. D., INDIANAPOLIS.

While rest is perhaps the keynote of all treatment where active disease exists, and should be recognized as the sine qua non for recuperation when there is much exhaustion, yet, after the rest cure has been in operation with its massage, faradism, Swedish movements, etc., there comes a time when the signs of increased strength appear, when the constructive activity of cell life begins and the process of repair and nutrition becomes estab-Then the most important auxiliary to treatment is the adoption of a systematic course of exercise. This should be prescribed with a due appreciation of the patient's limited fund of energy. Whatever the particular indications are, whether a course of gentle calisthenics, pulmonary gymnastics, a wheel ride, a walk, a trolley ride or a drive, the local and general effects of each exercise should be noted and the dose regulated according to the requirements of each individual case. The rule in applying this treatment is to use the thermometer before and after exercise and if the smallest fraction of increase of temperature is observed the amount of exercise should be diminished; it is also wise to stop short of active stimulation and it should never be carried to the point of exhaustion.

To insure the full benefit of this plan of treatment the details should not be left entirely to the nurse. If the physician will give his personal attention the patient will be impressed with the importance of what might otherwise appear of little consequence, and be induced to carry out the treatment more faithfully than if placed solely under the instruction of an attendant.

In dealing with neuropathic women, with symptoms of an indefinite character and more or less fixed psychoses, two things are important. An effort should be made to dispel the introspective mood which so

commonly and tenaciously accompanies these cases, and, secondly, the patient should be gradually and tactfully led into a life of physical activity. There is perhaps no other therapeutic agent, because of its psychological influence, so well adapted to meet the former condition and as a means to develop the depraved nervous system as a suitable course of physical exercise.

This is by no means empirical treatment. No remedy in the entire materia medica can be applied with more scientific exactness, and in the light of the physiological axiom that function makes structure, certainly no other curative agent can be prescribed upon a more rational basis, where the chief requirement seems to be that of restored tone and vigor to the entire nervous and muscular system.

542 North Illinois street.

# ANESTHESIA BY INJECTION OF COCAINE INTO THE SPINAL CORD.

BY GEORGE G. HOPKINS, A. M., M. D., BROOLYN, N. Y. Surgeon to St. John's Hospital.

Since the discovery of general anæsthesia by the inhalation of ether and chloroform the trend of investigation has been in the direction of some substance less dangerous to life, yet that would suspend both sensation and consciousness. On May 19th last, Professor Tuffier, of Paris, published a report of a method for suspending sensation throughout the entire human system, while the patient retains perfect consciousness. This reduces the risk of anæsthesia, as it does not disturb the most vital and important of functions. Dr. Tuffier's method consists in the introduction of a solution of cocaine into the spinal canal. In from four to ten minutes from the time of the introduction of the solution, there is perfect and complete anæsthesia of the nerves of sensation, throughout the entire system, with slight diminution of the motor powers, but not the slightest effect upon consciousness.

He has operated on 107 cases while sensation was suspended by cocaine injection. It was my privilege on August 2d and 3d to see him operate on the last four of this second series of cases.

The first operation was a gastrotomy. The case was that of a man, fifty years of age, suffering from cancerous obstruction of the pharynx. The mass involved the

entire left side of the neck, extending from the superior maxillary articulation to the sternum, dipping back to the spine and including all the vessels and muscles of that side of the neck. The patient was anemic and greatly emaciated. ing asepsis and antisepsis, the needle was introduced between the fourth and fifth lumbar vertebras. The patient was placed upon the operating table, and the assistant prepared the site of operation. In ten minutes M. Tuffier began his incision for gastrotomy. The man was interrogated from time to time during the operation, · which lasted about thirty-five minutes, and said that he had not the slightest sensation of pain, and his eyes being covered, he could not tell where the operator was cutting. The pulse was slightly accelerated and the patient had some nausea, but it was of a passive kind; there was no retching.

The second operation was for the radical cure of inguinal hernia. The patient was a man, thirty years of age, in fine physical condition—a magnificent specimen of muscular development. The injection was made in the same region, and with the same precautions. In ten minutes insensibility was complete. fier operated with great deliberation, consuming about twenty-five minutes. patient said he had not the slightest sensation of pain, and certainly did not in any way indicate that he suffered. said he could not tell by his feelings whether the surgeon was operating upon his abdomen or his arm. He had no nausea.

The next operation, on the day following, was an abdominal hysterectomy. The patient was a small, spare woman, about forty years of age, and was evidently a great sufferer. The injection in this case was made with the same care as in the other cases. This operation took seventy minutes, as there were extensive adhesions, and both ovaries were extensive adhesions, and both ovaries were cystic and had to be removed before the uterus could be reached. This patient had considerable nausea of a passive kind. She said that she did not experience any pain, and had no sensation that would indicate to her where the operation was being done.

Such are the results of this remarkable procedure. M. Tuffier uses a long platinum needle built according to his direction. He uses a two per cent. solution of

cocaine, and places great stress on the preparation and sterilization of the solution before it is injected. A description of the process would be somewhat long for insertion here. The main point is to be sure that the solution is sterile. It should always be made fresh for each operation, or at least not kept longer than forty-eight hours.

The dose of cocaine should never exceed 2 cgm.; usually it should not exceed 1.5 cgm. Perfect insensibility to pain will ensue in from four to ten minutes and continue for one and one-half to two hours after the injection has been made. Sensation returns first in the pharynx.

Of the sixty-three cases which M. Tuffier has reported, nausea was present in fifty cases. There was an increase in temperature in fifteen of these cases during the first twelve hours; after that it was normal. The pupils are usually dilated; the pulse-rate slightly increased. In four cases there was a chill with trembling, lasting from ten to fifteen minutes, but not followed by fever.

M. Tuffier was very cautious in his procedure. His first operations were of minor surgery, working up gradually to abdominal sections and all major operations. His last 107 unpublished operations all were important. He has never yet had an accident from the use of the cocaine. In two cases when he used a solution of cocaine that had been kept for some time, anæsthesia was not perfect and he had to resort to ether-inhalation. But since he has been careful to use only a fresh solution, insensibility to pain has always been complete in ten minutes at most, and remained complete for from one and onehalf to two hours. Ether inhalation after the cocaine injection is not contraindicated.

The ages of his patients have varied from twelve to sixty-three years. He considers it unsafe to make the injection in young children.—Philadelphia Medical Journal.

# WHERE HYDROGEN DIOXIDE IS HARM-FUL.

BY ROBERT T. MORRIS, M. D., NEW YORK.

In a case of appendicitis, with abscess, hydrogen dioxide is a sheet anchor, if my statistics mean anything. Armed with this resource, one may, without hesitation, open pus collections freely, separate peritoneal adhesions without regard to exposing the general peritoneal cavity to infection; and, in short, he can work in violently infected cases, without fear of lighting up general peritonitis. I do not remember ever to have seen peritonitis follow an operation for appendicitis; and yet, in conversation with other surgeons, I am assured that this complication is their chief dread. Surgeons whose technique is not very different from my own in cases of appendicitis with abscess, excepting that they do not depend upon hydrogen dioxide, have expressed so much fear of general peritonitis following the operation, that I am convinced that it is the hydrogen dioxide that has eliminated this fear for me. As soon as pus appears in an appendicitis operation, I at once proceed to blow it all out of the cavity by introducing hydrogen dioxide in sufficient quantity to accomplish that purpose. Adhesions are then separated freely in a search for other pus collections and for the infected appendix; and the same procedure is repeated as at first, wherever pus appears. I have had a good many cases of multiple abscess in which the patient would undoubtedly have died if the simple, incomplete method of "opening the abscess" had been followed. There have been many more cases, in which a gangrenous or concretion-bearing appendix would have been left to make further trouble, if I had feared to separate adhesions freely on account of the danger of arousing a general peritonitis. Hydrogen dioxide, then, is my sheet anchor in this work, and is not secondary in importance to my plan of discarding gauze packing, and of closing the incision completely, or with a tiny wick drain opening in the worst of cases. Now for the harmful use of hydrogen dioxide in these cases. If a fistula remains after the repair of the is nearly completed, one is tempted to cleanse the fistula daily with such a searching cleanser as hydrogen dioxide; but this very means will keep a fistula open for months. It destroys not only pus, but also the tender new granulations that nature is trying to build up day by day. This destruction of new granulations is one of the most harmful effects of the hydrogen dioxide, and we are not to use it in any case in which granulation tissue is progressing favorably. In the case of a fistula after an appendix operation, we must put aside our ideas of gross cleanliness, and leave the fistula entirely alone in most of the cases. I have had at least twenty such cases, and the fistula has closed spontaneously in less than a year in all excepting one, in which nearly the whole cecum sloughed out after operation. I have seen in consulation a number of fistulæ that were being kept open by the use of hydrogen dioxide.

My next example is a case of compound

fracture of the leg, with burrowing pus. In such a case the hydrogen dioxide follows the pus to the deep recesses of the wound, and being partially confined, it distends the tissues, and causes still further burrowing of pus. This distention of deep tissues with partially confined hydrogen dioxide must be carefully guarded against. In cases in which there is a free discharge of pus and foam, the hydrogen dioxide is an extremely valuable resource until granulation begins. As soon as granulation begins we are to discontinue the use of our valuable resource, for it then becomes vicious by destroying granulation, and by distending the walls of cavities that are on the point of closing by secondary adhesion; not only are granulations injured, but the new hyaline epithelium at the surface of the wound is disarranged or destroyed. Many surgeons are discontinuing the employment of hydrogen dioxide because of their observation of its harmful influence in a few places; but if one is guided by a good knowledge of the pathology of repair, he will easily avoid putting this most useful resource to wrong use, and he will depend upon it still as "the necessary peroxide of hydrogen" in a large field in his work.-International Journal of Surgery, August, 1900.

#### MISCELLANY.

#### Warts-Causation and Treatment.

Warts are auto-inoculable, and hence hetero-inoculable. Of the sixty-five patients treated, several were members of the same family. The history was frequently given of one (the largest) "seed wart" coming first and others developing afterward, and that a second child showed the growths subsequently to the one presenting the parent wart. The contagiousness

is seemingly proven by the fact that once wholly removed, other new warts do not continue to develop. Interesting instances were those in which a little girl with abundant warts upon the hands and wrists showed a group of fifty lesions surrounding the right eye, with none upon the opposite side; a young man with forty upon one palm; a young girl with the hands covered, and about twenty on the inside of the mouth. Most efficacious preparations for local application were found to be: Acetic acid, 1; sulphur, 2; glycerine, 3; or salicylic acid with acetic acid and cannabis indica in collodion.-Dr. C. W. Allen in the Record of October 22d; quoted in the Medical Age of December 27th.

# Opportunity.

[Ingall's Greatest Literary Effort.]

Master of human destinies am I;
Fame, love and fortune on my footseps wait,
Cities and fields I walk; I penetrate
Deserts and seas remote, and passing by
Hovel and mart and palace, soon or late
I knock unbidden once at every gate.
If sleeping, wake; if feasting, rise before
I turn away. It is the hour of fate,
And they who follow me reach every state
Mortals desire, and conquer every foe
Save death; but those who doubt or hesitate,
Condemned to failure, penury and woe,
Seek me in vain and uselessly implore,
I answer not and I return no more.

—John James Ingalls.

#### Epilepsy.

The principal point in Inglis' paper is the use of coal-tar derivatives in epilepsy. He has tried the different ones, but has come down practically to the exclusive use of acetanilid. He employs it in cases where the bromides have been thoroughly tested and failed. It is not necessary, he says, to use large doses, 5 grains or even three grains three times a day will often He gradually decreases prove sufficient. the dose if the fits do not appear while keeping up its regular administration. He says that its use is justified on purely empirical grounds, and it seems that we are more certain of the positive action with these than with any other drugs. surgical treatment of epilepsy is not hopeful, and he does not speak highly of it. The average epileptic, when the disease has become confirmed, is not, in Manning's opinion, an amiable character. He credits him with an ostentatious religios-

ity, with a very defective morality, and with general moral decadence. He thir ks their number is underestimated, and he gives the figures for the various countries, but assumes that in New South Wales their number is perhaps not less than one to every 1,000 of the population. Epileptics are often classed as insane and sane. This is hardly a definite distinction, as there is no marked dividing line between them. Even where there is no actual insanity, there is generally a certain degree of mental impairment. He calls attention to the automatism accompanying their attacks, which has a very important medicolegal bearing; we should be always on the watch in regard to this condition and its manifestations—the unexpected is particularly liable to happen. These cases are best treated in hospitals or asylums, where they may be controlled, properly dieted, and medically treated. For the large number, however, who are not actually insane, no due provision is made in Australia, and he pleads for special sanatoria for their care, and notices those of other countries. The moral treatment is important, and can be better managed in an asylum than among the patient's There should be absolute prohibition of alcohol, only moderate use of tobacco, removal of possible sources of irritation, simple and well-regulated diet, and attention to the elimination. medical treatment is largely bromides, but variations may be made which he points out. The treatment is almost always long and troublesome, and generally necessary for years, if not for life.—Journal of the American Medical Association.

#### Obstetrical Maxims.

Don't fail, when engaged to attend a confinement, to ascertain the character and number of previous labors, abortions; to remark that you cannot predict with certainty when delivery will take place; to impress upon the patient the difficulty of preventing and curing the vomiting of pregnancy; to examine the patient's heart; to examine the urine at regular intervals; to examine the generative organs; to respond at once when a pregnant woman sends word that she is flowing; to determine the presentation by the seventh month; to give instructions in the hygiene of pregnancy; to inspect the lying-in

room and the articles needed during parturition; to carry out asepticism: you may save yourself a guilty conscience and perhaps a patient; to learn the condition of the bowels: it sometimes saves time and disagreeable features during the second stage; to carry a perfectly equipped obstetrical bag; to have boiling water at hand; to see that the patient has a new fountain syringe: the family heirloom is dangerous; to forget to use the syringe after a normal labor: it is not indicated; to have the examining hand aseptic; to avoid too frequent examinations; to remember the indications for using the catheter; to remember that there is usually a decided interval between the ending of the second and the beginning of the third stage of labor; to employ Crede's method with a retained placenta; to examine the placenta; to examine the perinæum; to remain with the patient one hour after delivery; to administer ergot; to leave written instructions with the nurse; to examine mother and child before leaving; to return within six hours.

(The above were communicated to the August 11 number of the New York Medical Journal by Dr. Charles I. Page, of Litchfield, Conn.)

# Report of the Committee of the American Surgical Association on the Medico-Legal Relations of the X-Rays.

The routine employment of the X-ray in cases of fracture is not at present of sufficient definite advantage to justify the teaching that it should be used in every case. If the surgeon is in doubt as to his diagnosis, he should make use of this as of every other available means to add to his knowledge of the case, but even then he should not forget the grave possibilities of misinterpretation. There is evidence that in competent hands plates may be made that will fail to reveal the presence of existing fractures or will appear to show a fracture that does not exist.

In the regions of the base of the skull, the spine, the pelvis, and the hips, the X-ray results have not as yet been thoroughly satisfactory, although good skiagraphs have been made of lesions in the last three localities. On account of the rarity of such skiagraphs of these parts, special caution should be observed, when

they are affected, in basing upon X-ray testimony any important diagnosis or line of treatment.

As to questions of deformity, skiagraphs alone, without expert surgical interpretation, are generally useless and frequently misleading. The appearance of deformity may be produced in any normal bone, and existing deformity may be

grossly exaggerated.

It is not possible to distinguish after recent fractures between cases in which perfectly satisfactory callus has formed and cases which will go on to non-union. Neither can fibrous union be distinguished from union by callus in which lime-salts have not yet been deposited. There is abundant evidence to show that the use of the X-ray in these cases should be regarded as merely the adjunct to other surgical methods, and that its testimony is especially fallible.

The evidence as to X-ray burns seems to show that in the majority of cases they are easily and certainly preventable. The essential cause is still a matter of dispute. It seems not unlikely when the strange susceptibilities due to idiosyncrasy are remembered that in a small number of cases it may make a given individual especially liable to this form of injury.

In the recognition of foreign bodies the skiagraph is of the very greatest value; in their localization it has occasionally failed. The mistakes recorded in the former case should easily have been avoided; in the latter they are becoming less and less frequent, and by the employment of accurate mathematical methods can probably in time be eliminated. In the meanwhile, however, the surgeon who bases a himportant operation on the localization of a foreign body buried in the tissues should remember the possibility of error that still exists.

It has not seemed worth while to attempt a review of the situation from the strictly legal standpoint. It would vary in different States and with different judges to interpret the law. The evidence shows, however, that in many places and under many differing circumstances the skiagraph will undoubtedly be a factor in medico-legal cases.

The technicalities of its production, the manipulation of the apparatus, etc., are already in the hands of specialists, and with that subject also it has not seemed worth while to deal. But it is earnestly recommended that the surgeon should so familiarize himself with the appearance of skiagraphs, with their distortions, with the relative values of their shadows and outlines, as to be himself the judge of their teachings, and not depend upon the interpretation of others who may lack the wide experience with surgical injury and disease necessary for the correct reading of these pictures.

[These conclusions were unanimously adopted as expressing the views of the American Surgical Association. They were read by the chairman of the commit tee, Dr. J. William White, of Philadelphia, May, 1900. They were published in the American Journal of the Medical Sci-

ences for July, 1900.—Editor.]

#### Poisoning with Turpentine.

Ten to twenty drops of pure oil of turpentine can be taken into the stomach in health without serious disturbances, but a small amount inhaled is liable to cause symptoms of poisoning. The minute particles which are inhaled are readily absorbed, and it is possible to induce poisoning with even a small amount taken into the stomach if finely emulsified, as was demonstrated by tests on a number of The central nervous medical students. system was always more or less affected, the spinal predominating over the cerebral symptoms, with muscular fatigue to exhaustion, cephalalgia, lowered pulse, digestive disturbances, constipation, and extensive acne in two cases, but no urinary nor respiratory symptoms.—H. Schulz in the Jounrnal of the American Medical Association.

# Prof. Virchow and Dr. Shrady on Medical Writing.

Dr. Shrady says in the Record: "The great increase in the number of specialists, more or less well equipped, which our present system produces has for its unavoidable and to some extent undesirable consequence a flood of writing upon various subjects in the form of books, from small up to what must be called ponderous tomes, though perhaps the term indicates too much weight. Many such works are written expressly for the purpose of reaching and instructing the ad-

vanced student and also the general practitioner, and purport to teach the latter especially how certain things could be done which are usually left to a man with

a special training.

There are, no doubt, many medical and surgical emergencies in the presence of which it is desirable that the general practitioner should have at hand good advice in the form of a work of reference, but such good advice cannot take the place of trained fingers guided by a trained mind, without recourse to which full justice may not always be done to the patient. Books written for the general practitioner particularly are usually not complete enough on these subjects of pathology and diagnosis, and too much space is devoted to the more easily explained subject of treatment, which ought to be left, when possible, in the hands of the man of experience.

"Another noticeable feature in medical works of the present time is that writers seem beset with the fear that their works will not mention everybody who has spoken of their subject before, and that something in medicine will escape record-There is not apparently a clear idea. among writers as to what is of merely historical and bibliographical interest, and what is of present scientific value, and also as to what is the relative importance of such things. The realization of a distinction here would reduce the thickness of most medical volumes and would not interfere with their value or accuracy. The desire to write a book on a whole depart. ment of medicine with an approximation to completeness is responsible for much that is tiresome and unnecessary in modern writing, and has led to a great deal of what is called 'padding.'"

Dr. Foster, of the New York Medical Journal, quotes Professor Virchow's views

with approval:

"Professor Virchow, the editor of the Archiv fur Pathologische Anatomie, says the Lancet for July 28th, has addressed some words of counsel for the benefit of contributors to medical weekly, monthly, or quarterly journals. He says that it is one of the elementary principles of journalism that the successive numbers of a journal must be issued at a certain time and in a certain size. Contributors must therefore endeavor to write concisely, taking up as little space as possible and

avoiding all superfluous matter. scriptions of cases, experiments, Denecropsies when sent to editors for publication are often so voluminous that it is impossible to use them without serious inconvenience. The publications of series of cases, etc., in the form of tables is a great annoyance for the editor, the printer, and the readers. Controversies as to priority are often offensive in style and lacking in the courtesy due to professional brethren. Finally, contributors ought to abandon the custom of quoting long passages from other authors with the object only of showing their knowledge of medical literature."

### The Geographical Distribution of Cancer.

Dr. Behla, Centbl. f. Bakt., in Brit. Med. Jour .:

"From the study of an extensive literature the author has endeavored to construct a map showing the relative frequency of cancer in various parts of the world. Although necessarily very incomplete, several points of interest are brought out. In Europe cancer is generally met with over the middle and southern districts; in the northern parts, in Greenland and in the Faroe Islands it is rare or unknown. In certain parts of Southern Europe, as Greece and Turkey, cancer is curiously very rare. Turkey, Madame Messoni, in an extensive practice in Constantinople, met with only twenty cases of cancer of the uterus and thirty-four cases of mammary cancer during nine years. In Northern Asia the disease is unknown; in the southwest districts, in Arabia, Syria and Persia it is but rarely met with. In China it occurs less frequently than in Europe. In India it is rare, in Further India more common, and in Japan as in Europe. In Africa the frequency of cancer is very small; it is more frequent in Algiers and Madeira, whilst in Abyssinia, Tunis, Egypt and South Africa it is almost unknown. Australia cancer is one of the three diseases which account for the majority of deaths, phthisis and enteritis being the other two. In Canada cancer is little known; also in Southern California it is rare, whilst in the United States it is more frequent, and particularly in the large towns. The tropical and subtropical districts and the West Indies are almost free from cancer. In Mexico and Pueblo it is almost as common as in Europe. In Guiana cancer is rare, in Ecuador and Peru somewhat more frequent. In Brazil and the South generally it is extraordinarily rare."—Post Graduate for July.

### Pure Carbolic Acid in the Treatment of Tuberculosis and Purulent Diseases of Joints and Bones.

Dr. A. M. Phelps, of New York, read this report. His plan is to lay open the capsule for about two-thirds of its extent, irrigate the joint cavity with 1:1000 mercuric chloride solution; then fill it with pure carbolic acid, and after this had been allowed to remain for just one minute, wash it out first with strong alcohol, and afterward with a two per cent. solution of carbolic acid. In the last eighteen months he had operated upon seventy cases. The results had been very satisfactory, and, on an average, the cases of excision had been discharged from the hospital at the end of three weeks. Dr. Robert W. Lovett, of Boston, said that at the Children's Hospital in this city they had endeavored to prevent abscesses by putting the patients to bed whenever there was irritative muscular action about the joints. When an abscess had formed the joint was freely opened, irrigated with bichloride and drained.—Post Graduate for July.

#### Puerperal Contagion.

I have no wish to express any harsh feeling with regard to the painful subject which has come before us. If there are any so far excited by the story of these dreadful events that they ask for some word of indignant remonstrance to show that science does not turn the hearts of its followers into ice or stone, let me remind them that such words have been uttered by those who speak with an authority I could not claim. It is as a lesson rather than as a reproach that I call up the memory of these irreparable errors and wrongs. No tongue can tell the heartbreaking calamity they have caused; they have closed the eyes just opened upon a new world of love and nappiness; they have bowed the strength of manhood into the dust; they have cast the helplessness of infancy into the stranger's arms, or bequeathed it, with less cruelty, the death of its dying parent. There is no tone deep enough for regret, and no voice loud enough for warning. The woman about to become a mother, or with her newborn infant upon her bosom, should be the object of trembling care and sympathy wherever she bears the tender burden, or stretches her aching limbs. The very outcast of the streets has pity upon her sister in degradation, when the seal of promised maternity is impressed upon her. The remorseless vengeance of the law brought down upon its victim by a machinery as sure as destiny, is arrested in its fall at a word which reveals her transient claim for mercy. The solemn prayer of the liturgy singles out her sorrows from the multiplied trials of life, to plead for her in the hour of peril. God forbid that any member of the profession to which she trusts her life, doubly precious at that eventful period, should hazard it negligently, unadvisedly, or selfishly!—Oliver Wendell Holmes, in 1844.

# Medicine Alone is Progressive; Dr. George F. Shrady's Views.

Forty-five or fifty years ago the medical profession seemed on the point of losing its hold of the educated men. But at that moment, Joseph Lister, the great Scotchman, was hammering away upon the idea, "Keep your hands, your surgical instruments, and the wounds of your patients clean." Lister was laughed at, at first, but the results of his work soon began to convince his brethren. Surgery leaped to the front, whereas, before, there had been so many deaths under the knife and saw. that going to the operating table was regarded as a sure passport to the grave. Simply taking off a man's arm or leg was as likely as not to kill him. Doctors knew how to cut, then, almost as well as they do now, but they had no idea of the importance or the meaning of aseptic hands and instruments. They knew nothing of bacteriology, a branch of medical science which has been discovered and developed within the last thirty years.

This science naturally had its beginning in the discovery of the necessity of aseptic hands, and to Lister, in surgery, and to Koch, Pasteur, Virchow and others in bacteriology, we owe the advanced position of the profession to-day. Then there has de-

veloped, within the past twenty-five years, another branch, that of sanitation, and from this there are springing still other important branches, mind cure, hypnotism, and the psychology of the profession that has to deal with insanity and other forms of brain and nerve diseases.

Of the so-called three learned professions, medicine is the only one that has added anything, of late, to the world's knowledge. Climates have their peculiar. ities of disease and treatment, but medicine is medicine all over the world, while the pulpit is still handicapped by sectarianism, and so many of the old theological planks have become strained in the pulpits of certain denominations that the preacher knows not what moment he may sink through the floor. Law continues to exist on precedent, and often proceeds without regard to common sense and existing facts. I will admit that much of the practice of materia medica is more or less empirical, but much of medicine is an exact science, which cannot be said of law or theology.

The medical profession offers, at this day, the best field to an educated young man who has not an emotional imagination, but who has the enthusiasm and the energy of the born artist. It is a profession in which a great stock of energy amounts to genius. It now embraces biology, psychology and metaphysics, and it is becoming more the work of prevention than the cure of disease. A doctor today makes doctors of the laymen of his community by teaching them how to predisease themselves. A certain knowledge of medicine is now a popular possession. The people understand more or less of its terms. Physiology and hygiene are in the school books. A knowledge of sex is taught young men and women in college, so as to promote social virtue.

The great doctor is greater than ever, especially in the field of research and discovery; but the average doctor is a smaller personage than he ever was before, and that is why the profession seems to have declined and lost many of its old-time attractions for educated men. An ordinary pill purveyor and diagnoser will soon be regarded with no more reverence than the man who sells the pills. On the dead level, the profession is overcrowded,

badly paid, and has lost much of the oldtime homage of society. I would say to the young fellow who may be graduated to-day, if he has not a great capital of enthusiasm and energy, and if he loves money, there is more reason now than ever before that he should let this profession alone. The title, M. D., per se, is of no special merit. On the other hand, the surgeon who takes out the stomach of a man dying with cancer, and preserves his life, or the observer who defines and destroys the microbe of yellow fever, is ranked with the masters and the miracle workers.

# Dr. J. D. Thomas on the Natural Limitation of Syphilis.

Syphilis, like all other eruptive diseases, has a clinical limit; like the other eruptive diseases, its sequela may be unlimited. Syphilis loses its contagious character in less than four years; its sequela may last as long as the patient lives. In cases thoroughly treated it may lose its contagious character in one year; this clinical fact we know from occasional observation, wherein some of our patients, against advice, marry at this early period, but do not infect their wives, and hence have healthy children. The far limit of the contagion we know from observation; but its near limit in individual cases we are unable to settle. If any of the lower animals were susceptible to the disease, we could, by experimental inoculation, tell each patient when the disease had lost its contagious character, and thus be enabled to state how soon the marriage relation might be entered upon.

When a woman, newly married, comes to me with syphilis, after marrying a man who had had syphilis three or four years before the wedding, I make bold to tell her that she did not acquire the disease from her husband, but from some fresher syphilitic.

In this connection the statement of Jonathan Hutchison that "hereditary syphilis would disappear if the rule was generally adopted that two years' interval after infection should elapse before marriage," will be recalled.—Monthly Retraspect.

Mortality Statistics for August from Haelth Board Bulletin.

The total number of deaths in Indiana during August was 3,221, an increase over July of 289, and over June of 969. The death rates for the three months were: June, 10.4; July, 13.1; August, 14.3. The increase in deaths during August was mainly among the children. In July the number of deaths under one year was 674, and in August 779, an increase of 105, or 15.6 per cent. From one to five, inclusive, the number of deaths in July was 374, and in August 417, an increase of 143, or 38 per cent. The typhoid deaths increased in August 76 over July, the figures being respectively 140 and 64, making a per centum increase of 118.7. Diphtheria also shows an increase in August, the July deaths from this disease numbering 12 and for August 29, an increase of 17, or 141 per cent. The diphtheria deaths are expected to increase in September on account of the opening of the schools. This is because infected children will have opportunity to communicate the disease. Tuberculosis kept on its even way, destroying only twenty less people in August than it destroyed in July, the figures being: July, 262; August, 242. scarlet fever and measles caused respectively four, two and two deaths, while to whooping cough 42 deaths are credited.

Pneumonia causes a surprise with 54 deaths. Diarrheal diseases caused 600 deaths, an increase over July of 11.5 per cent. Childbed fever caused 11, cancer, 81, and violence, 145 deaths. There were no smallpox deaths in August.

#### Dr. J. S. Baily.

Dr. J. S. Baily, formerly located at 18 East Ohio street, has resigned the position of Demonstrator of Operative Dentistry in the Indiana Dental College. His future residence will be in Denver, at which place he will devote his entire time to the position to which he has been recently elected, namely, Superintendent of Clinical Instruction and Technique in the Dental Department of the Colorado State University.

### In Lighter Vein.

THE DROPSICAL DRONINGS OF A POETICAL PATIENT.

The Echo Medical du Nord, for December 17, 1899, cites the following from the Scalpel. Patients, even when suffering badly, do not always become downcast, as the following verses from an ascitic patient to his physician attest:

"Audi, doctor, me clamanten,
Trista voce lamentantem!
Aqua horrida interna
Ventris plena est caverna!
Diaphragma, in thoracem
Aquae vi impressum, pacem
Rapit jam pulmoni, omnes
Fere noctes sunt insomnes.
Nunquam autem tulit venter
Meus aquam—phy!—libenter!
Ergo, doctor fac me salvum
Aqua liberando alvum,
Ne sis Fabius Cunctator,
Veni Masius Punctator."
—Hot Springs Medical Journal.

Simpson (to friend, who is lamenting the conduct of his son)—You should speak to him with firmness, and remind him of his duties.

Father—He pays no attention to what I say. He listens only to the advice of fools. I wish you would speak to him!

Kind Lady (to tramp)—That coat you have on is pretty well worn out, isn't it?
Tramp—Yes, madame; I fear it has gone to the dogs.

Little Girl—If I should die and go to heaven, would I have wings?

Mamma—Yes, my pet, and a crown and harp.

Little Girl—And candy? Mamma—No.

Little Girl—Well, I'm glad we've got a good doctor.

#### TURNING AN HONEST PENNY.

"Ah," said one little girl to another, "my ma gives me a penny every morning for taking a spoonful of cod liver oil." "And what do you buy with the penny?" eagerly asked the second girl, in a tone not devoid of envy. "Oh," was the reply, "I do not spend it at all; mamma puts it away for me every day to buy more cod liver oil with!"—New Idea.

### MANY ILLS ARE OWED TO TOBACCO.

We present here a couple of the odes of the poets:

Sublime tobacco! that from East to West Cheers the tar's labor or the truckman's rest; That on the Moslem's ottoman divides His hours and rivals opium and his brides. Magnificent in Stamboul, though less grand, Though not less loved in Wapping or the

Strand.
Divine in hookahs, glorious in pipe,
When tipped with amber, yellow, rich and

Like other charmers wooing the caress,
More dazzling when glowing in full dress,
Yet thy true lovers most admire by far
Thy naked beauties. Give me a cigar!

—Byron, "The Island," Canto II.

#### ODE TO MY CIGAR.

Yes, social friend, I love thee well, In learned doctors spite; Thy clouds all other clouds dispel, And lap me in delight.

What though they tell with phizzes long, My years are sooner passed? I would reply with reason strong, "They're brighter while they last."

When in the lonely evening hour, Attended but by thee, O'et history's varied page I pore, Man's fate I see in thee.

Oft as thy snowy column grows,
Then breaks and fades away,
I trace how mighty realms thus rose,
Then tumbled to decay.

Life's but a leaf adroitly rolled, And Time's the wasting breath That late or early we behold Gives all to dusty death.

And what is he who smokes thee now?
A little moving heap,
That soon like thee to fate must bow,
With thee in dust must sleep.

What though thy ashes downward go,
Thy essence rolls on high.
Thus when my body lieth low,
My soul shall cleave the sky.
—Charles Sprague.

#### MADE LOCAL.

"You ain't so warm," said the small gentleman with the frescoed face.

"Mebbe not," said the large lady, who was none other than the other half of the sketch; "mebbe not, but my radiating surface is phenomenal."—Indianapolis Press.



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Short practical articles, reports of society meetings, and medical news solicited.

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#### Scandal Mongers and the Medical Profession.

The Journal has received from an esteemed correspondent a marked copy of the Owen County Sentinel of September 6th, the fifth issue, containing the slanderous statement that "if all the doctors of Owen county were picked up on the snaps they have with married women the courts would be extremely busy day and night." The paragraph is a comment made upon a damage suit brought against an honorable physician of an adjacent county. Commenting on the above the Gosport County Reporter of September 14th says:

"The above is from the Owen County Sentinel, of Spencer, and is a libelous insult to every woman in Owen county. We are not acquainted with the wife, mother or sister of Mr. Duncan, editor of the Sentinel, and cannot vouch for their virtue or character, but we would be sorry to have as depraved opinion as he has of them, according to his expression quoted above."

The paper which publishes so serious a charge against the physicians of an entire county would do the same against the ministry, or the legal profession, or the

school teachers of Owen county, should any one of the representatives of these professions happen to be involved in a scandal suit. And to be involved in such a suit may happen to any professional man—even an editor. The people of Owen county will not support a paper which deals in lies and attacks the learned and humanitarian professions without reason discrimination. Owen county has among its physicians Drs. Jacob Cable, N. D. Cox, Wilford Hickam, Allen Pierson and J. N. Sloan, of Spencer; Drs. H. A. Fox, C. A. Pritchard, J. W. Smith, H. G. Osgood, J. M. Stucky and F. V. Stucky, of Gosport; Thomas Gantz and A. J. Minich, of Freedom; J. S. Hinkle, of Coal City; A. C. Kennedy, S. R. Mc-Kelvey and S. D. Richards, of Patricksburg; D. H. McDonald, of Quincy, and J. McIntosh, of Farmers. All the above physicians are members of the Owen County and State Medical Societies, and there are other good and honorable members of the profession in Owen County who are not members of these societies, but all alike have been accused of lechery by the Owen County Sentinel.

We would remind the Sentinel that there is no class of men so zealous of the purity of women and the sanctity of home life as physicians. They know the right-eousness and justness of the charge given by Dr. Keen to the graduating class of Rush College last spring, and taught by every lesson of our profession: "Remember that every time you are alone with a woman patient in your consulting room, with every eye barred out, she gives her honor into your hands, and in turn you place your reputation unreservedly in hers."

No lecherous physician ever succeeded and maintained himself in any community; upon him is the Scarlet Letter indelibly fixed by all the instincts of Anglo-Saxon sentiment. His only remedy is flight and reformation.

All the physicians of Owen county know these facts, and each of them is the enemy of the Owen County Sentinel from the day that he is classed with lechers and destroyers of the homes of confiding patients. The slander is too open and apparent to do any harm except as a boomerang to those who utter it. Skunks exist and they may cross our path; if they do it is not worth while to throw stones

at them; hold your nose and pass on, and you will receive no harm. In the words of Mathew Arnold:

"Let the vain contention cease; Swans are swans, and geese are geese. When the forts of folly fall, Find thy body on the wall."

# Indianapolis Meeting of the American Public Health Association, Oct. 22-26, 1900.

The profession of Indiana, and particularly of Indianapolis, should not forget that one of the most important meetings of the year is to be held in our city—the twenty-eighth annual meeting of the leaders in municipal, State and National sanitation of the United States, the Dominion of Canada and the Republic of Mexico. It is not a meeting of physicians, although their titles lead in the various departments of the congress. Sanitary and civil engineers, college professors, philanthropists, forresters, municipal officers, statisticians, jurists, army and navy officers, all of the highest rank in theoretical and practical science, will take part in this congress.

Among the great medical teachers will be such eminent leaders as W. H. Welch, of Johns Hopkins; Theobald Smith, of Boston; Wyatt Johnson, of Montreal; T. Mitchell Pruden, of Columbia University Medical School; the eminent pathologist, S. A. Knopf, of New York, who took the German prize at the Berlin Congress for the best essay on tuebrculosis; D. E. Salmon, Chief of the Bureau of Animal Industry, and, indeed, a double score of men whose names are at the head as authors, discoverers and leaders in the great current of medical and sanitary progress, which is the most notable, as it is the most beneficent feature of the closing century.

Committees on Reception, Entertainment, Membership, Exhibits, Finance, Information, and Ladies' Committees of Reception and Entertainment have been appointed from the leading citizens of Indianapolis. The headquarters and place of meeting will be at the German House of Indianapolis, situated at Massachusetts avenue and Michigan street. This is a large building, covering one-fourth of a square, constructed especially for entertaining public associations. It is provided with a garden, parlors, reception rooms,

halls for exhibition purposes, a large auditorium, seating 1,500, an amphitheater, separate from auditorium, seating 300, restaurant, the best building for such a purpose in the West, and well-known to our physicians as the place of meeting of the Indiana State Medical Society when it meets in Indianapolis.

The Section of Bacteriology and Chemistry will hold its meetings in the amphitheater of the pathological laboratory at This hosthe Central Insane Hospital. pital is about two miles west of the city. Trolley cars go direct to the gates. Take Take cars marked English avenue on front top, at the Bates House, corner of Washington and Illinois streets. Transfer tickets will be given by the conductor from all lines. The first session will open at 10 a. m., October 22d. Dr. George Edenharter, Superintendent of the Central Insane Hospital, will gave a noon luncheon to the members and it will not be necessary to return to the city. If an evening session is held, a dinner will also be given. If there is no evening session, the members will be entertained Monday evening at the Columbia Club.

The general association will open its meetings on Tuesday morning, October 23d, at 10 o'clock, in the amphitheater of the German House. A public meeting will occur Tuesday evening, October 23d, in the auditorium of the German House, at which addresses of welcome will be given by ex-President Harrison and Governor Mount, and at which the annual address of the President of the association, Dr. Peter H. Bryce, will be read. After the address the floors will be cleared and a general reception held, ending with dancing

The special program on Water Supplies and Sewerage will be given in general meeting on Wednesday, October 24th.

The following topics have been selected for consideration:

#### GENERAL MEETING.

The Pollution of Public Water Supplies.

The Disposal of Refuse Material. Animal Disease and Animal Food.

Car Sanitation.

Etiology of Yellow Fever.

Steamship and Steamboat Sanitation. Relation of Forestry to the Public

Health.

Demography and Statistics in Their Sanitary Relation.

Cause and Prevention of Infectious Diseases.

Public Health Legislation.

The Duration of Infectious Diseases. Cause and Prevention of Infant Mortality.

Disinfectants.

Municipal Sanitary Administration.

To Define What Constitutes an Epidemic.

On National Leper Home.

Dangers to the Public Health from Illuminating and Fuel Gas.

Revision of Bertillon Classification of

Causes of Death.

Transportation of Diseased Tissue by Mail.

The Teaching of Hygiene and Granting of Degrees of Doctor of Public Health.

It has been arranged to devote one day, Wednesday, October 24, to the discussion of topics relating to sewerage and water supply. Special attention will be given to the engineering phase of this subject.

The following subjects will be presented

for discussion:

What Constitutes a Satisfactory Water

Supply.

The Value of Vital Statistics as an Index to the Pollution of Water Supplies.

Comparative Statistics of the Water Supplies of the Leading American Cities as Shown by Typhoid Fever Statistics.

Conservation and Control of Water Supplies by State, Provincial and Munici-

pal Authorities.

The Relation of the Analytical Laboratory to Problems in the Pollution of Pub-

lic Water Supplies.

The Legal Aspect of Water Pollution.
The Present Status of Methods of Purification of Sewage Entering Public Water Supplies.

Sewage Purification Plants Now in Operation in America, with Reference to

Public Water Supplies.

Methods of Purification of Water Supplies, with a Summary of Plants Now in Operation in America.

Recent Progress in Europe Concerning the Purification of Water Supplies.

The Section of Bacteriology and Chemistry will discuss the following topics:

Standard Methods of Water Analysis. Laboratory Work on Tuberculosis. On Obtaining Experimental and Clinical Data on the Exact Mode of Infection in Rare and Unusual Cases.

Study of the Causation of Cancer.

Bacteriology of Milk in Its Sanitary Relations.

Variations of the Colon Bacillus in Relation to Public Health.

Variations of the Diphtheria Bacillus. Bacteriology of Yellow Fever.

Inter-Laboratory System of Card Cataloging for Sanitary Bibliography.

Use of Chemical Preservatives in

Foods.

Exhibition of Laboratory Apparatus and Appliances for Teaching Hygiene.

Census of Laboratory Men Engaged in

Sanitary Work.

Upon all the above subjects special committees have been appointed to report.

#### COMMITTEES.

Laboratory Work on Tuberculosis— Theobald Smith, M. D., Boston, Mass.; E. R. Baldwin, M. D., Saranac Lake, N. Y.

On Obtaining Experimental and Clinical Data on the Exact Mode of Infection in Rare and Unusual Cases—Adolph Gehrmann, M. D., Chicago, Ill.; Ysmael Prieto, M. D., Mexico, Mex.; S. S. Kneass, M. D., Philadelphia, Pa.

Study of the Causation of Cancer—Herbert D. Pease, M. D., Buffalo, N. Y.

Bacteriology of Milk in Its Sanitary Relations—H. L. Russell, Madison, Wis.; W. H. Conn, Middletown, Conn.; R. G. Freeman, M. D., New York, N. Y.

Variations of the Colon Bacillus in Relation to Public Health—Veranus A. Moore, M. D., Ithaca, N. Y.; J. G. Adami, M. D., Montreal, P. Q.; Elmer G. Horton, Columbus, O.; Jesus E. Monjaras, M. D., San Luis Potosi, Mex.

Variations of the Diphtheria Bacillus— F. F. Wesbrook, M. D., Minneapolis, Minn.; Hibbert W. Hill, M. D., Boston, Mass.

Bacteriology of Yellow Fever—Walter Reed, M. D., Washington, D. C.; Jose Ramirez, M. D., Mexico, D. F.

Use of Chemical Preservatives in Foods
—Harry W. Clark, Boston, Mass.

The members of the profession in Indiana have only to consider the statements of work to be done and the men elected to do it to see what a pleasure and profit an attendance of two or three days at such a

meeting may secure. This journal will give in its November issue such reports of the meeting as will be of most value to our readers, but at the same time we earnestly urge our readers to attend and receive the benefits of such a meeting at first hand.

#### Mushrooms and Toadstools.

"The recent mushroom poisoning of a family at Harvey, Ill., three of whom died, has brought out the usual amount of popular misinformation on the sub-First a press dispatch announced that the persons were poisoned 'as a result of eating toadstools which they mistook for mushrooms.' A later dispatch states that 'they were in fact poisoned by mushrooms and not by toadstools.' It was shown, says the dispatch, 'that the family ate mushrooms of the finest quality and not toadstools,' and it is further stated on the authority of some alleged expert that the poisoning was due to a small black bug found on the top of the mushrooms. As the mushrooms had all been eaten and three of the persons were dead, it is not quite apparent how the able expert could have diagnosed the case as one of black bug poisoning. The error in all these statements, and it appears constantly in the reporting of cases of mushroom poisoning, is in assuming or trying to establish a difference between mushrooms and toadstools. There is no such difference except in common parlance or the minds of the ignorant. Mushroom and toadstool are simply two names for the same thing. One mushroom is as much a toadstool as another, and all socalled toadstools are mushrooms. are all fungi, closely related in their general characteristics, most of which are edible and nutritious, and a few of which are poisonous. The proper distinction is not between mushrooms and toadstools, but between mushrooms which are edible and those which are poisonous. The woods abound with berries, some of which are eatable and harmless, while others are poisonous, but the latter are none the less berries. If one wishes to adopt the phraseology of childhood or of ignorance, one may say toadstools, but if one wishes to be correct, one should say mushrooms. The botanical science of mushrooms is as well defined as that of plants and flowers, but no botanist uses the term toadstool. It is not only entirely unscientific, but is confusing to the minds of people who are trying to acquire an accurate knowledge of a very interesting and useful branch of

nature study.

"The black bug' theory is entirely new new and does not seem to have impressed the physician or the coroner's jury in the present case, the former testifying that the family was poisoned by eating mushrooms,' while the jury found that 'poison taken in with mushrooms caused death.' It would have been more simple and exact to have said that death was caused by eating poisonous mushrooms. black bug theory is fanciful. There is no case on record of such poisoning nor any reference to it by any writer on mushrooms or by any medical authority. very often happens that edible mushrooms are attacked by a small insect which travels up through the stem into the cap, where it deposits minute larvæ which make little holes, giving it the appearance of being wormy. Sometimes these little insects can be seen with the naked eye, as the little holes can easily. They never take the form of black bugs. A mushroom in that condition is not poisonous, but it is not fit to cat any more than a wormy chestnut or fruit of any kind.

"The best general rule for any person fond of mushrooms or wishing to cultivate the taste is to make a study of a few. perhaps three or four different varieties, though there are a great many more edible kinds, master these thoroughly, as can easily be done, and confine oneself to that The different varieties are as distinct and recognizable as apples and peaches or as cauliflower and egg plant, and unless one is very incautious there is no danger of poisoning. No person who has not made a study of the subject should gather mushrooms at all, and one who thinks himself an expert should always keep on the safe side and give himself the benefit of every doubt. The edible varieties of mushrooms greatly outnumber the poisonous varieties, yet the latter are occasionally encountered, and the poison is a very active and dangerous one. For distinguishing between the edible and the poisonous kinds experience is the only safe guide. None of the tests commonly recommended, such as throwing a silver spoon in while the mushrooms are cooking to see if it turns black, etc., is worth The thing to do is to let a anything. poisonous mushroom severely alone. The best known and most common variety, the Agaricus Campestris, or meadow mushroom, can be soon learned and easily recognized by anybody. This variety is now cultivated by gardeners and sold during most of the year in groceries and on the market. It is absolutely safe, and no person need hesitate to purchase or, after becoming acquainted with it, to gather it wild. Several other varieties as good are found in this vicinity, but the meadow mushroom is a good one to begin on. But the first thing to be done by any person who proposes to cultivate the acquaintance of mushroom is to discard the false distinction between mushrooms and toadstools and adopt the correct one of edible mushrooms and poisonous ones."

The above is an editorial in the *Indian*apolis Journal of Sunday, August 5, and is from the pen of Mr. Charles M. Walker, well known in Indianapolis as an amateur nycologist.. It is worthy of insertion in a medical journal, as physicians are frequently asked as to the differences between "toadstools" and mushrooms. To those who are interested in our edible fungi, Mr. Walker recommends the charmingly written and artistically illustrated book of the late William Hamilton Gibson, for which this lamented nature lover and painter furnished both the text and illustrations. It costs about five dollars; also M. C. Cooke's "British Fungi," costing about one dollar. But the book of greatest scientific and popular use is the "American Fungi," which describes over 600 edible species, and is published by the Bowen-Merrill Company, of Indian-Dr. J. R. Weist, of Richmond, Ind., was one of the contributors; also Mr. H. I. Miller, superintendents of the T. H. & I. Railroad. This book of Mr. Charles McIlvaine's was noticed in our July issue, page 41.

As a food product mushrooms do not amount to much; they have little nutritive value. But as a "mild form of idiocy," to quote Dr. Luther Todd, of Indianapolis, "the study of mushrooms is as harmless as any other." The present season has furnished an abundant crop of a

score of edible kinds, because of the abundant rains. There are probably a hnudred persons in this city who collect and eat a half score of different kinds of toadstools from the fields. Only one specimen of a poisonous mushroom has been reported this season in this region. death from this cause has been recently reported in Indiana. The ones most collected and eaten by the mushroom hunters are the "inky mushrooms," all of which are good, the "puff-ball," one of the best, the "fairy ring mushroom," as big as a hat crown in open woods and pastures, and the "common mushroom." known all over the world. The mush rooms of all kinds require rich methods of cooking. The "common mushroom" sells in the city market for 60 cents a Any kind of mushroom well cooked and then fed to the hogs will not poison the human species.

The Cleveland Medical Journal says of the poisonous fungi: "The varieties that have caused the greatest number of fatalities are two—the 'fly agaric' (Amanita muscaria), and the 'death cup' (Amanita Phalloides). The fly agaric is so called, because it is used in watery infusion as a poison for flies.

"It was this kind that caused the death of the Count de Vecchi, at Washington, in 1897. The Count had considerable botanical knowledge, and felt certain of his ability to distinguish the different varieties. The Chinese Ambassador, Chung Yu Ting, died in 1894 from eating the death cup, gathered by himself, in the woods near Washington. He, too, had made a study of fungi, and felt competent to distinguish the different varieties.

"These instances show that to recognize with certainty the different varieties of agarics, demands an intimate knowledge of the subject.

"The poison found in the fly agaric is an alkaloid called 'muscarine,' and acts as a gastro-intestinal irritant and narcotic. The symptoms come on very soon after they have been eaten, and are the symptoms of any powerful gastro-intestinal irritant, to which is added a tendency to stupor. There is vomiting, diarrhea, abdominal pains, collapse, very weak action of the heart, loss of co-ordination, and stupor deepening into coma.

Death occurs usually in two or three days

from stoppage of the heart.

"The treatment consists in encouraging vomiting at first, to free the stomach of any undigested or unabsorbed amanita. Any prompt emetic will answer, but with it should be given an abundance of water. Apomorphia should be given hypodermically, if necessary. Later give large doses of castor oil to free the bowels. The action of the oil should be aided by large enemata. The heart should be sustained by whisky and atropine. The atropine should be given subcutaneously, in doses of one-one-hundredth, to one-fiftieth of a grain. It should be remembered that atropine is a perfect physiological antidote to muscarine. The heart should be carefully watched, in order that atropine may be repeated should the pulsation become

"The poisonous principle of the 'death cup' is 'phallin.' It is a substance altogether different from 'muscarine,' for while muscarine causes death by paralyzing the heart muscle, 'phallin' produces this effect by destroying, or dissolving, the blood corpuscles. It is a tox-albumin, and is like the venom of poisonous snakes, as the cobra or rattlesnake.

"The symptoms do not appear until ten or twelve hours have elapsed, or longer. Then there is abdominal pain, vomiting, and diarrhea. Then nervous symptoms appear—there are convulsions, tetanic spasms, and cramps. The nervous symptoms simulate strychnia poisoning. The diarrhea assumes the character of cholera, there being rice water discharges. Weakness is extreme, and death ensues in a day or two, without coma or delirium. The mind is clear to the end.

"The treatment consists in eliminating from the alimentary canal all unabsorbed poison, by the usual means, and sustaining the patient. To this poison there is no antidote. Blood transfusion would be the ideal treatment. Injections of normal salt solution are indicated.

# Medical Education as Taught by the Masters.

The Philadelphia Medical Journal for September 1st is devoted to medical education. The methods of teaching physiological chemistry, by Dr. Chittenden, obstetrics by Dr. Williams, pathology by Dr. Adams, bygiene by Dr. Vaughan, anat-

omy by Dr. Keller, comparative pathology by Dr. T. Smith, and a consideration of the topic of the master of medicine as the teacher of medicine by Dr. Holmes, of Chicago, the Secretary of the Association of American Medical Colleges. need not be a teacher to appreciate the cogency and interest of these papers. The profession is to be congratulated that medical education is receiving special consideration, tending toward uniformity and betterment of method, and Dr. Gould, the editor of the Philadelphia Medical Journal, for his success in bringing so valuable a series of papers to the hands, and, we hope, the heads, of the thousand or more "professors" in our colleges. title of professor is virtually abandoned in the Western medical schools, and it would be a distinct gain to the schools if it were eliminated altogether, and to the practitioners at large if they could get rid of the title of "doctor," and be known to the people only by their good work as physicians, just as good lawyers are known.

# Notes on the Mosquitoes of the United States and Malaria.

The relation of mosquitoes to malaria is engrossing the attention of eminent pathologists and demographers the world over. This journal has presented the problems of malaria and mosquitoes in previous issues. We may well hold our judgment in suspense. Malaria is the greatest foe to the civilization of tropical countries, and the colonizing countries cannot know too much about its origin and transmission.

Notable articles on the anatomy and the methods of preservation of the mosquito have been published in the Journal of the American Medical Association. The following note, from Dr. Dillon Brown, in Pediatrics, calls attention to a work which any physician in Indiana may secure gratis by addressing the Department of Agriculture, Washington, D. C.:

The attention of alert physicians throughout the entire country will be attracted to the recent bulletin of the United States Department of Agriculture on the above subject by Dr. L. O. Howard, entomologist. It is complete, scientific and practical. It contains an analytic synopsis of all the genera and species of

the American Culicidæ, and brings together within small compass a vast amount of important information heretofore almost inaccessible to general medical readers unfamiliar with entomology. Besides this Dr. Howard has produced a delightful original account, with many beautiful and accurate illustrations, of the life-history of the Anopheles quadrimaculatus, and has appended some clean-cut illustrations of A. crucians and A. punctipennis—which two, with the first-mentioned, are the only native species of Ancpheles thus far discovered. Proceeding further, the author discusses completely and 'exhaustively the remedies for mosquitoes, and brings the whole subject of the eradication of malaria completely up to date. This publication is perhaps the most important of the year on the mosquito-malaria theory, and no physician who wishes to be of use to his community should be without it. It is to be had for the asking by addressing the Department. The subject should not be dismissed without extending to Dr. Howard sincere congratulations upon a production at once so exhaustive and so fascinating.

# Chicago Pasteur Institute for the Preventive Treatment of Hydrophobia.

The institute was opened July, 1890, To date, about 1,000 patients have been treated, of which one-half were from Illinois, the rest from adjacent States.

Eight hundred and fifty-five persons were bitten by dogs, 31 by cats, 35 by horses, 11 by skunks, 5 by wolves, 4 by cows, 2 by calves, 1 by a rat, 1 by a mule, 1 by a pig, and 4 by hydrophobic human beings

Four hundred and sixty-two persons received severe and multiple lacerated bites on the hands and wrists, 121 on the head and face, 134 on the arms, 204 on the legs and thighs, and 29 on the trunk.

Following the role of Pasteur, the patients treated have been classified as follows: First—Persons bitten by animals recognized and ascertained to be rabid by the test experiment made in the laboratory or by the death of other persons or animals bitten by the same animal. Of this class 368 were treated. Second—Persons bitten by animals recognized to be rabid by the symptoms of the disease shown

during life. Of this class 420 were treated. Third—Persons bitten by animals strongly suspected to be rabid. Of this class 162 were treated.

Only five deaths have been reported, thus giving a mortality of 0.52 per cent.; a result which we consider marvelous when accurate statistics tell us that before the discovery of the Pasteur treatment, the mortality was as high as 88 per cent. for the bites of the face, 67 per cent. for bites of the hands, and 20 to 30 per cent. for the bites of the limbs and trunk.

Three patients were overtaken with hydrophobia at the institute while under treatment. This was due to the lateness of their coming, many days having passed since they were bitten.

All patients tolerated the treatment perfectly well. It being absolutely harmless, it can be taken with confidence and without fear of injury to the health. The treatment consists in hypodermic injections of a specially prepared virus of different gradation of strengths for a period of fifteen days, eighteen days or twentyone days according to the severity of the case. The method used is identical with that used in Paris.

The institute is located in 228 Dearborn avenue, Chicago. The director is Dr. A. Lagorio.

### The Voice of One Crying in the Wilderness.

"Five hundred people in Indiana, who are now well, and are going about on their business, will be in their graves on next Christmas day—the victims of typhoid fever. On that day I will guarantee to furnish their names, ages, places of residence and cause of death. The pity of it is that these deaths are all unnecessary."

So said the Secretary of State Board of Health, Dr. Hurty. "If we knew," he said, "that five hundred men were to be killed at a railroad crossing before January 1st, the people would demand a remedy. It is absolutely certain that five nundred people will be killed by typhoid fever in the remaining months of this year in our State, and I regret that there is not the same clamorous demand for a remedy that there would be in the other case.

"Typhoid is a filth disease and can be easily

"Typhoid is a filth disease and can be easily controlled, but it needs to be constantly looked after. In the southern tier of counties in Michigan, bordering on Indiana, there is little typhoid, and a very low death rate from this disease, while in the northern tier of counties in Indiana the number of cases resulting in death is largely greater. The same class of people populate the districts. They are equally intelligent, and the only difference

grows out of the fact that in Michigan for fifteen years the people have been warned against the dangers of typhoid, and have kept the sources of their drinking water pure. One of the methods employed is personally to notify the people concerned every time there is a case of typhoid, of the cause of this particular disease, the effect and the prevention.

"If the Indiana Health Board had enough money to instruct every family afflicted with this disease on the points mentioned, it would not be a great while until our people would be educated on the subject, and typhoid would be reduced to a minimum. A notification of this sort would be as a red flag of warning that wells and cisterns must not be contaminated from slops and from surface drainage, or refuse of any kind, if the people would escape this scourge."

Such is the striking way in which Secretary Hurty puts before the people in the Indianapolis News of September 26th the dangers of typhoid fever. It will do no harm; indeed, it is likely to do much good. People must be convicted before they are converted.

All sanitarians and physicians will agree that typhoid fever "needs to be constantly looked after;" but they will hardly agree that it is easily controlled, or that it is a filth disease. At the time of the Crimean war the Thames, in London, was fouler than at any other known period in Sheets drenched with soluits history. tions of chloride of lime were hung before the law offices in the heart of London; travelers made wide detours to avoid the city; the burden of the foreign dispatches, according to Murchinson, was: "Sevastapool is not yet taken, and the Thames still stinks." And yet the typhoid was below the average and the stevedores were more than usually healthy. Typhoid is a water-and-milk-borne disease; it is also carried by flies, by dust, and by clothing, as is shown by the reports of Dr. Vaughan in his notable paper on State Medicine at the Atlantic City meeting of the American Medical Association, published in our July issue. The same paper shows that typhoid is not "easy to control," even in army service, and we all know that it is one of the great problems of municipal life.

The control will come through education of the medical profession and the laity; and this is a slow process. We are pleased to have a State Board of Health Secretary who is devoting himself unreservedly to this philanthropic work at the expense of every other motive and career. But we still think that typhoid should not be called a filth disease or regarded as easy to control. It is one of the great problems presented to compact populations, and we will probably be battling with it for centuries to come.

### The Medical Colleges.

# The Second Annual Preliminary Course of Lectures of the Medical College of Indiana.

Last year, at the request of a number of practitioners and students, the faculty of the Medical College of Indiana arranged a preliminary course, consisting of clinics and practical demonstrations. This course extended over a period of two weeks and was open to the entire profession, no fee being charged.

The large attendance at this course and the favor with which it was received justified the faculty in arranging a similar

course for this year.

The course began September 10th, ending September 22d, and consisted of clinical and didactic lectures and demonstrations.

Clinics on nervous diseases were held by Drs. Reyer and Wynn; on general medicine, by Drs. Hadley and Potter; on diseases of children, by Drs. Taylor and Cole; diseases of women, Drs. Dunning and Pfaff; the eye, Dr. Thompson; the nose, throat and ear, Dr. Cline; syhpilis and skin diseases, Dr. Brayton; genitourinary diseases, Dr. Wishard; surgery, Drs. Oliver and Ross.

Lectures were delivered by Dr. Morrison on the objective evidence of pain, by Dr. Charlton on the uric acid diathesis and ulcers and treatment, by Dr. Ferguson on the development of the female generative organs, by Dr. J. N. Hurty on the State health law, and Dr. Hodges and McAlexander on obstetrics.

Demonstrations of the use of the stomach tube and the examination of stomach contents were made by Dr. Graham, of blood and sputum examinations by Dr. Clark, clinical chemistry and milk examination by Dr. Geis, pathological kidney and heart by Dr. Wynn, Widal test for typhoid fever by Dr. Ferguson, detection and determination of sugar in urine by Dr. Schaefer, malarial parasites by Dr. Dodds.

This year's course was fully as successful and gratifying as that of last.

Among the medical men who were present and registered were the following:

S. O. Leak, Ward Akester, E. F. Fratzer, W. F. Hughes, Paul H. Keys, E. F. Kiser, A. J. Steward, Herman C. Emmett, A. L. Barnes, Wm. T. S. Dodds, F. W. Terflinger, J. K. Heltman, A. S. Jæger, C. E. Stepheson, Grant Goodwin, W. F. Summers, B. B. Pettijohn, E. F. Sommer, M. J. Spencer, E. M. Shanklin, E. E. Wishard, Ira E. Perry, John Y. Todd, E. E. Hodgue, K. I. Jeffries, John R. Pearson, M. M. Wells, Howard E. Figg, L. J. Murphy, J. L. Fortune, H. M. Woolen, Ira E. Dunlavy, S. H. Mapes, G. A. Petersdorf, W. J. Gates, W. S. Tingley, Walter C. Beall, T. O. Armfield, Bon O. Adams, J. B. Kirkpatrick, E. H. Diehlman, J. A. Ebert, W. B. Jones, Chauncey D. Palmer, A. J. McCracken, Walter Mc-Beth, Elbert F. Howe, O. S. Deitch, O. L. Dietch, J. L. Freeland, E. L. Wiggins, E. C. Elder, R. R. Morgan, Chas. C. Wert, W. G. McFadden, W. C. McFadden, James R. Lewis, A. S. Roberts, W. J. Molloy, Geo. C. Westover, C. N. Cline, Robert A. Cushman, L. W. Ford, Ernest Cooper, Louise Bruning, Chas. L. Bruce, J. E. Kitchel, B. F. Prunk, H. E. Gabe, F. M. Towles, K. K. Kimberlin, J. C. Austin, Harry M. Lamberson, D. F. Randolph, M. O. DeVaney C. E. Ferguson, H. M. Mugg, J. W. Strange, Geo. Daniels, Wm. Reser, H. P. Franks, W. B. Kitchen, R. L. Westover, Margaret Campbell.

Many others were in attendance, but

failed to register.

The Medical College of Indiana opened on the 26th of September with a matriculation which is expected to reach 250 before October 1st.

The Central College of Physicians and Surgeons opened September 26th with an attendance of 100.

# The "Woodbridge Treatment" of Typhoid Fever; Hic Jacet.

From the Journal of the American Medical Association we learn that the merits of the Woodbridge treatment were tested at the Ft. Myer General Hospital during the war with Spain by Dr. Woodbridge himself, then Major and Surgeon of United States Volunteers, with a mortality of 10 per cent. of cases treated, as

against 7 per cent. treated by other methods. It is stated that 600 cases of typhoid were treated, and of these fifty-seven were treated by Dr. Woodbridge, who was afforded every facility in the application of his treatment.

Such, at least, is the statement of the Medical Times, adopted from the Association Journal. The statistics may do injustice to Dr. Woodbridge, for those who have studied his formulas for eliminative and antiseptic treatment must conclude the medicine used would not cause a difference in mortality of 3 per cent., as compared with other expectant and supportive treatment. The constant waking of patients to take tablets as often as Dr. Woodbridge advised might have been detrimental.

There is no doubt of the sincerity of Dr. Woodbridge, as there is also no doubt that he was deluded. The aberrant schools of medicines, such as the Eclectics, the Physio-Medicals and the Homeopaths, contain sincere men, although they are the practitioners of illogical theories, and do not receive the countenance of those who regard medicine as a branch of biology—that is, of men of science.

Inasmuch as Dr. Woodbridge first launched his theory in a paper prepared for the Mississippi Valley Medical Association at its Indianapolis meeting seven years ago, this journal has taken more than usual interest in following its rise and fall.

He read his discourse to the editors of this journal, as he was not able to present it except by title on the closing day, but he sedulously avoided giving the treatment. Dr. Potter wrote an editorial in the current issue of the Journal mildly satirizing Dr. Woodbridge in the issue of November, '93, under the title, "A Lost Opportunity and Remedy."

Much to our surprise, the article by Dr. Woodbridge appeared in the Association Journal, of February 10, 1893, but the treatment was not given. It concluded without any promise, on the part of either author or editor, of a supplementary article. It looked, indeed, as though there were a snake in the grass, after the manner of the abuse of the Lancet-Clinic by a Cincinnati consumption-cure, or after the manner of a recent Pittsburg performance with a gold-cure.

Naturally, therefore, a storm of criti-

cism arose, directed toward the Association Journal for admitting such things to its columns. The editor of that journal then wrote to Dr. Woodbridge, calling upon him for a revelation of his treatment. The editor also took immediate measures to prevent the use of that particular issue of the Journal for mercenary purposes.

Under this pressure Dr. Woodbridge promised a supplementary article, which appeared nine weeks after the first, in the

April 14th issue of the Journal.

The original paper was not simply published in two parts; the second publication was, as it were, squeezed out of Dr.

Woodbridge.

The remedy was put on the market and Dr. Woodbridge read various articles before the Mississippi Valley and National Societies exploiting the treatment and making extravagant claims for it as an

abortant of typhoid, etc.

We sincerely hope we may never hear of the "Woodbridge treatment" again. For its author we have only the kindliest feelings. Had the profession let the matter "die a bornin'," or laughed it out of court, as Dr. Potter attempted, all would have been well. The responsibility is as much on the weak-minded members of the profession, who are ever chasing for the gold at the foot of the rainbow, as it is on Dr. Woodbridge himself.

#### Census Notes.

The census is not likely to show over 75,000,000 as our total population. give 80,000,000 would require an excess of births over deaths of 22 per cent., as compared with the period from '80 to '90, when the excess was but 14 per cent. The gain from '80 to '90 was 12,500,000, and as emigration has fallen off notably in the last five years, we can only expect the normal increase, which would give the United States 75,000,000 people. The center of population will move west from Brownsburg and will probably be within Marion County, near Indianapolis. census will show that nearly one-third of the people live in the cities. In the South probably not more than one-fifth will be found in cities. The growth of Indianapolis has been great, because of her position—the State Capital, and over one hundred miles from any considerable city. Natural gas, cheap food products and railroad have increased our growth.

# The Asheville Meeting of the Mississippi Valley Medical Association.

The twenty-sixth annual meeting will be held at Asheville, N. C., on October 9th, 10th and 11th. The address in medicine will be delivered by Dr. I. N. Love, of St. Louis, and that in surgery by Dr. C. A. Wheaton, of St. Paul.

In our August number we called attention to the scenic and climatic advantages of Asheville and its surrounding country, "The Land of the Sky." It is needless to say there will be a large attendance from the Atlantic cities and from the Southern States.

Denver was a great attraction for the A. M. A.; Hot Springs is a place every doctor wishes to visit and judge for himself. The same motives—scenery and climate—should lead many from the North to visit this natural sanitarium for tuberculosis. And there will be no end of good scientific work and good fellowship.

# Syphilis and Dermatology at the International Congress.

The St. Louis Medical Review, Dr. H. W. Loeb, editor, presents its readers in the August 25th and September 1st and 8th issues a very complete translation and summary of the work on Syphilography and Dermatology by the Thirteenth International Congress at Paris, August 2d A recent note from Dr. Loeb states that the abstracts were received August 1st in German and French, and that in three days the Review staff had translated enough for sixty pages of the Review. The profession is under obligation for such enterprise. The subjects are eczema, alopecia, the tuberculoids, the leucoplasias, and the various forms of syphilis. The authors are the great dermatologists and authors on syhpilis of all nations. These three issues of the Review will prove of great value and interest to the entire profession.

# Society Meetings.

### Thirteenth Annual Session of the American Association of Obstetricians and Gynecologists in Louisville, Ky., Sept. 18-20, 1900.

One of the most successful and largely attended meetings of this association was held in Indianapolis one year ago, and this journal devoted nearly the entire current issue to the meeting, giving the best report published in any medical journal of the proceedings. Owing to the absence of the JOURNAL'S medical stenographer, Dr. Jos. Champion, now located in Washington, D. C., we are not able to give a full report of the Louisville meeting, but have a number of interesting notes, kindly furnished by Dr. L. H. Dunning, of Indianapolis.

Of the ninety members, some thirty were in attendance. Local physicians registered, making an attendance of nearly one hundred. Those from Indiana who are members were Drs. L. H. Dunning, O. G. Pfaff and H. O. Pantzer, of Indianapolis; Dr. Edwin Walker, of Evansville; Dr. I. B. Duncan, of Bedford. We present abstracts of Dr. Dunning's paper and report of a specimen presented by Dr. Pfaff. Dr. T. B. Eastman, of Indianapolis, was not able to be present. His subject on the program was Dermoid Cysts of the Ovary Complicating Pregnancy.

The election of officers resulted as follows: Dr. W. E. B. Davis, of Birmingham, Ala., President; Dr. Edwin Walker, of Evansville, Ind., First Vice-President; Dr. A. Goldspohn, Second Vice-President; William Warren Potter, Buffalo, N. Y., Secretary; Xavier Oswald Werder, Pittsburg, Pa., Treasurer; Executive Council, William E. B. Davis, Birmingham, Ala.; John Milton Duff, Pittsburg, Pa.; Lehman Herbert Dunning, Indianapolis, Ind.; Walter Benajah Chase, New York; Albert Vanderveer, Albany, N. Y.; Lewis S. McMurtry, Louisville, Ky.

We present abstracts of several of the papers:

### ACUTE SENILE ENDOMETRITIS.

By L. H. DUNNING, M.D., Professor Diseases of Women, Medical College of Indiana, University of Indianapolis, Indianapolis, Ind.

This is the second paper written by this author upon the subject of Acute Senile Endometritis, and is written to reaffirm his belief that this is a distinct lesion that has not heretofore been adequately described.

Since his previous paper he has encountered three more cases, two of which were attended by sanguino-purulent discharges from the uterus and one in which there was a large pelvic abscess.

The author endeavors to show that the inflammation tends to spread beyond the endometrium, into the fallopian tubes, ovaries and pelvic peritoneum, resulting in much suffering and ill-health, and not infrequently leading to so serious involvement of these structures as to demand operative procedures such as extirpation of the uterus and appendages or vaginal incision and drainage of a pelvic abscess.

The chief cause of the lesion is infection. It is not definitely self-limited, but tends to become chronic and to lead to marked degenerative changes within the uterus.

The treatment recommended is, in cases where the appendages are not involved, dilatation, curettage, the application of a mild caustic and prolonged drainage.

Where the uterine appendages are involved in the inflammatory process, extirpation of the uterus and appendages is advocated.

# DIFFICULT AND OBSCURE PUS CASES IN PELVIC SURGERY IN WOMEN.

By Walter B. Chase, M. D., Consulting Gynecologist and Obstetrician to the Long Island College Hospital; Consulting Gynecologist to the Nassau Hospital, Hempstead; Attending Gynecologist to the Bushwice-Central Hospital, New York City, Borough of Brooklyn.

The author first considers the etiology of these cases, classing gonorrhea as the most frequent cause, closely followed by miscarriage and labor at full term, these usually following some infection from without. Among the causes from within are considered those following the rupture of an ectopic tube, hæmatoma malignant or tubercular disease, and others less frequent in occurrence.

The question of time should be considered in the diagnosis, but the great mainstay is thorough and systematic bimanual and rectal examination. The author calls attention to the fact that flucuation may be due to cystic growths, recent hæmatomas, amyloid degeneration, etc., as well as pus. Pain and fever, or their absence, goes far to clear up the

diagnosis in many a case, but the fever due to malignancy must not be confused with that due to septic causes. Appendicitis and pus tubes may cause difficulty in differentiation.

The rule that pus in the pelvic cavity must be evacuated is general, though not universal. The manner and route of its evacuation are thoroughly discussed. Drainage is next considered, the author taking up the direction and the material (usally preferring plain or iodoform gauze), and at the same time considering irrigation, for which the author generally used normal salt solution.

Multiple abscesses are considered next in order, with their management. The serious cases in which pus exists free in the pelvic cavity are taken up, among other things the author stating that sentiment should be allowed no weight in their treatment. Haste above all else.

Another embarrassment for the operator is the failure of the public to discriminate as to the cause of fatality; in many of which cases the operation has nothing to do with the mortality.

In closing, the author cites several pertinent cases, in one of which two abscesses were caused by the escape of the bacilli colli comminis, evidently from a denuded spot on the serous covering of the bowel.

Dr. Edward J. Hill showed a specimen of diffuse non-malignant papilloma of the vulva removed from a patient fifty-eight years old. The growth had been over three years' standing. The inner surfaces of the vulva were thickened at some places, appearing horn-like, white and smooth; at other places there were heavy papillæ which rose considerably above the surrounding tissue, and were from three m. m. to fifteen m. m. in diameter at their base.

The disease extended from the beginning of the vulva above down to the posterior commissure. It covered the whole vestibule except the tissue immediately surrounding the external meatus of the urethra, and was well defined, too, but stopped at the vaginal mucous membrane. The vulva, as a whole, stood out far beyond its normal elevation. The whole vulva was excised. The structure of the tumor corresponds with that usually found in papillomata of the skin.

A second case is spoken of by the writer,

these two cases forming all the experience he has had.

SOME POINTS REGARDING SURGERY OF THE GALL BLADDER.

By A. VANDEBUREE, M. D., Albany, N. Y.

The author discusses many points of interest, a few of which are: The necessity of early diagnosis and operation if there have been repeated attacks of colic or persistent jaundice. The complications and dangers attending delay can scarcely be estimated. They are exhaustion from long-continued pain and malnutrition, hemorrhage, rupture of the gall bladder with subsequent peritonitis or abscess beginning in the peritoneal pouch. He cites several cases demonstrating the fact of these dangers.

He points out the beneficial results in a course of treatment which excludes from the diet of the patient starchy foods and sweets, also in some instances of marked relief or even cure by a prolonged treatment at Carlsbad and other similar watering places. He indicates the dangers of treatment by massage, especially where there is a full gall bladder and an obstruction of the cystic duct

The chief interest of

The chief interest of the paper centers in the discussion of the recourse recently afforded the surgeon in dealing with cases in which during operation the gall bladder is contracted, or so adherent that it cannot be brought to the surface and stitched to the incision, and in cases of injury to the common duct, also in cases in which the calculus is lodged in the hepatic ducts. Such cases have heretofore been the most difficult to deal with, and have been attended by the highest rate of mortality.

The new recourse consists in making a counter opening from the peritoneal pouch through the loin and through this

opening draining the pouch.

To understand the utility of this opening it is necessary to understand the anatomical relations of the peritoneal pouch, and the author quotes from the description of it by Myo Robson as follows: "The large peritoneal pouch (Fig. 1), shown in the diagram bounded above by the right lobe of the liver, below by the ascending layer of the transverse mesocolon covering the duodenum internally, externally by the peritoneum lining the parietes down to the crest of the ilium,

posteriorly by the ascending meso-colon covering the kidney, and internally by the peritoneum covering the spine, has long been recognized, but perhaps not sufficiently appreciated in gall bladder surgery."

It is possible, says the author, to drain this pouch satisfactorily by means of a long glass tube, but it is probably safer on the whole to make use of a lumbar Myo Robson places such reliance upon the ease and safety with which it can be drained that he does not advocate much time being spent in suturing incisions in the gall bladder or bile ducts. It is interesting to note that it (peritoneal pouch) is capable of holding nearly a pint of fluid before it overflows into the general peritoneal cavity through the foramen of Winslow or over the pelvic brim.

An impressive case regarding stones in the hepatic duct came under the author's observation a few years ago. Dr. S. was ill for several months, with evidences of biliary trouble and the obstruction thought to be due to adhesions following an attack of typhoid fever, from which he had suffered several years previously. He died in a profound condition of cholæmia

and exhaustion.

The autopsy revealed several stones in the hepatic ducts, which perhaps could have been reached and the incision drained through the peritoneal pouch. The author then cities several instances of abscesses pointing in the loin and supposed to be appendicial abscesses which, when opened, discharged gall stones. He then concludes that if we will take a little more advantage of this anatomical relation of the parts we can very often shorten an operation in which we have found it quite difficult to close the incision in the common duct, or if we have attacked a class of cases that a few years ago seemed beyond our reach, that is, calculi in the hepatic ducts, and where it seems impossible to close the incision, we will find a very easy method of drainage by means of the lumbar stab.

The peritoneal cavity is shut off quickly, and we all know that the tendency of these wounds in the bile ducts is to heal kindly. The record of the few cases done is decidedly in favor of this

method of drainage.

The author makes the following summary:

1. An early diagnosis.

2. In suppuration of the gall bladder with adhesions a most thorough examination should be made from within by digital exploration and use of probe for any

deep-seated calculi.

3. That in prolonged operations upon the common duct or hepatic ducts when adhesions are present, and it is difficult to close the incision after removal of the calculus, drainage through the peritoneal pouch by means of the lumbar stab is advisable.

4. When the patient is suffering seriously from cholæmia, with marked ecchymotic spots over the body, intense itching, the blood examined and found in a septic condition, an operation is not to be encouraged. It is too late in the vast majority of cases for the patient to recover.

5. General practitioners, as well as the surgeon, should place more earnestly before patient and friends the dangers of repeated attacks of gall stone irritation resulting in cancer of the ducts, stomach

and liver.

The above abstract was kindly furnished the Journal by Dr. L. H. Dun-Dr. Dunning says in his note of transmittal: "Dr. Vanderveer has forcibly brought to light a procedure which I believe will be a decided advance in the surgery of the gall bladder."—Editor.]

### Meeting of Assistants at Hospital for the Insane.

The eighth meeting of the Association of Assistant Physicians of Insane Hospitals began at 3 p. m. Wednesday, September 26th, at the Central Hospital for the Insane and continued Thursday and Friday. The officers of the association are Dr. Fred L. Pettijohn, President; Dr. H. R. Niles, Vice-President; Dr. Irwin H. Neff, Secretary and Treasurer. Papers were read by Dr. W. A. McCorn, on "Genesis of Hallucination;" by Dr. George Boody, on "Katatonia;" by Dr. Fred L. Pettijohn, on "Asexuaization as a Means of Prevention of Crime and Insanity."

Papers were read Thursday by Drs. V. Podstata, A. F. Lemke, E. F. Enos and Will MacLake. An inspection of the hospital was made by the visitors. This was followed by papers by Drs. John B. Bridges, Jr.; Theophile Klingman, Albert M. Barrett and Irwin H. Neff.

The closing session, held on Friday morning, was devoted to a general discussion of "Developments in the Clinical

Study of Psychiatry."

The pathological department of the Central Hospital was used as the meeting place. The laboratories were thrown open and the excellent facilities for researches in pathology and psychology were highly commended.

# The Tri-State Medical Society of Alabama, Georgia and Tennessee.

The twelfth annual meeting of this society will be held in Chattanooga, Thursday, Friday and Saturday, October 11, 12 and 13, 1900, just following the meeting of the Mississippi Valley Association

at Asheville.

Those desiring to attend should ask for tickets to the reunion of the Army of the Cumberland and the Spanish-American War Veterans. A rate of one fare for the round trip has been granted by the Southeastern Passenger Association and the same rate will probably be granted by the other passenger associations, which have not as yet taken the matter up.

Those desiring to read papers should send titles to the secretary, Dr. Frank

Trester Smith, Chattanooga.

#### PERSONAL.

# Dr. John B. Murphy and Archibald Church, of Chicago.

Dr. Murphy has accepted the professorship of Surgery and Clinical Surgery in the Northwestern University Medical School. Dr. Church has been appointed Professor of Nervous and Mental Diseases in the same college.

#### Dr. W. D. Schwartz.

Dr. W. D. Schwartz, of Portland, Ind., Medical College of Indiana, class of 1895, took passage with his wife on the Oceanic September 5th for hospital work and a tour of Central Europe.

### Dr. Eugene Davis.

Dr. Eugene Davis, of Indianapolis, Demonstrator of Pathology in the Indaina Medical College, and also acting as assistant to Dr. Daniel A. Thompson's ophthalmic and otologic clinic, has gone to New York and Philadelphia for the further study of diseases of the eye and ear. He will remain until the winter holidays.

#### Dr. R. F. Hester.

Dr. R. F. Hester, late House Physician at St. Vincent's Hospital, Indianapolis, is now located at Kingman, Fountain county, on the Chicago & Eastern Illinois Railroad, a progressive town of over 700 people. Dr. Hester was in the city October 1st visiting his professional friends.

# Dr. John J. Garver.

Dr. Garver has been suffering through the latter part of September from intercostal neuralgia, but is now, October 1st, convalescing. Dr. Garver served four years in the civil war. He is one of the best 'story tellers in the profession; a trustee of this journal, and highly esteemed as a practitioner.

#### Dr. Clarke Rogers.

Dr. Clarke Rogers, late of the Indianapolis City Hospital, son of Superintendent Jos. G. Rogers, of the Northern Hospital, was appointed assistant physician to Dr. Richardson, late of Ohio and now Superintendent of the Government Hospital for Insane at Washington, D. C.

# Dr. Jas. W. Milligan.

Dr. Jas. W. Milligan, formerly practicing in Indianapolis and for the last nine years physician to the female department of the Northern Indiana Hospital for Insane, is now located in South Bend for the practice of medicine. Dr. Milligan was married in mid-June to Sarah Dunkle, of Logansport.

### Dr. S. R. Cunningham.

Dr. S. R. Cunningham, late of the Indianapolis City Hospital, now physician to the female department of the Northern Hospital, and successor to Dr. Milligan, was in the city at the opening of the Medical College of Indiana September 24th, attending the National Association of the

Assistant Physicians of the Hospitals for the Insane, in session 26th to 28th at the Central Hospital, Indianapolis.

# Dr. William M. Wright.

Dr. William M. Wright, of the Surgical Department of the Medical College of Indiana, was appointed, September 15th, as Surgeon-in-Chief of the Indianapolis, Decatur & Western Railroad, with head-quarters at Indianapolis. Dr. Wright has served as Superintendent of the Indianapolis City Hospital; he was Professor of Anatomy in the Indiana Medical College, and is now Professor of Surgical Anatomy, Minor and Clinical Surgery, and is well known to the sudents, graduates and faculty as one of the hardest and most popular and practical teachers in the college.

#### The Medical Mirror and its Editor.

The editor of the Medical Mirror of St. Louis, Dr. I. N. Love, announces in the September issue his removal to New York City for permanent residence, because opportunities have been offered to him which he feels it the part of wisdom to accept; a chance for work in the department of internal medicine in the Post-Graduate Medical School and Hospital of New York, America's greatest medical center, where the atmosphere is charged with professional inspiration and energy." The Mirror will do its business work in St. Louis; matters for the editor should be addressed to Dr. Love ot "The Iroquois," West Forty-fourth street, New York. Dr. Love has published and edited the Mirror from St. Louis nearly eleven He has lived thirty-five years in St. Louis, and has a large circle of friends in the Middle West who will wish him success in his new professional duties and alliances.

#### NECROLOGY.

The Rev. Ludlow Day Potter, President of the Glendale (O.) College since 1865, father of Dr. Theodore Potter, of Indianapolis, and well known throughout this State, died recently at Glendale after an illness of some weeks. He was born at New Providence, N. J., in 1823, and entered as a sophomore at Princeton College in 1838, graduating in 1841. He came to

Indiana in 1847 and became pastor of the Presbyterian Church at Brookville, where he remained for five years. In 1853 he was elected principal of the Whitewater Presbyterian Academy, which position he held for three years, removing then to Glendale, O., where he was assistant to Dr. Monfort, then President of the college, until 1865, when he succeeded Dr. Monfort as President, and occupied that place until his death.

### Jacob M. DaCosta, M. D.

Jacob M. Da Costa, M. D., died at his residence at Villa Nova, near Philadelphia, from heart disease, September 11th, at the age of sixty-seven years. He was born in the Island of St. Thomas, West Indies, received his literary and classical education in Germany and then began his medical studies at the Jefferson Medical College, Philadelphia, his preceptor being Professor Mutter. He was graduated in 1852, and after spending two years in the hospitals and medical schools of Paris and Vienna, he returned to Philadlphia and established himself in practice, devoting himself especially to diseases of the heart and lungs. His contributions to medical literature have been large and varied, many of his works, such as "Medical Diagnosis," being standard. He was for some time attending physician at the Episcopal Hospital and later at the Philadelphia and Pennsylvania Hospitals. 1864 he was appointed lecturer on clinical medicine at his alma mater, and eight years later was chosen to fill the chair of theory and practice of medicine in that institution. In 1895 he was made President of the Philadelphia College of Physi-At the time of his death he was professor emeritus in Jefferson Medical College and a trustee of the University of Pennsylvania.—Journal of the American Medical Association.

The Philadelphia papers contain extensive editorial reviews of the medical and humanitarian accomplishments of Dr. Da Costa. The Ledger says: "It would be a fine thing if the name of Dr. Da Costa could also be perpetuated by suitable memorials in the University of Pennsylvania, and none could be better than the funds set afoot by him, the one for the benefit of old teachers, for whom his own experience as a teacher made him

especially sympathetic—the other for poor consumptives, for whose care he spoke so eloquently in his last address, that to the graduating class of Yale Medical Department at New Haven in June of this year. No man better earned posthumous honors, and none could be more in keeping with Dr. Da Costa's life and work."

# Dr. DaCosta's "Medical Diagnosis;" Death of the Eminent Author.

A text-book that has a live demand for a ninth edition has long since passed beyond the realm of criticism, and become a monument erected in the name and to the honor of the author. The work under consideration has been revised and brought up to date in its contents, the last medical writing of this revered author and teacher.

It is quite a shock to the entire medical profession of America and Europe to have announced at the very time of issue of this, his most celebrated work, the death of Da Costa, which occurred at his home near Philadelphia, September 11, 1900, at the age of sixty-seven years.

As a clinician Dr. Da Costa had an international reputation, and, fortunately for members of his profession, a reflection of his wisest conclusions in regard to the diagnosis of diseases may be found in the work under consideration. However good other works on the subject of diagnosis may be, it is felt that there are none superior to this in clearness of diction, descriptive power, classification of diseases, and methods of examination. The work when read and studied gives an impression of completeness rarely found.—Dr. Culbertson in the Lancet-Clinic of September 29th.

And from the Association Journal of September 29th we learn that Dr. Da Costa made the following endowments to various charities: To the Pennsylvania Hospital, \$5,000, to endow a bed in the medical ward; to the Children's Hospital, \$5,000, to endow a bed in memory of his son, John M. Da Costa; to the College of Physicians, \$5,000, to endow the publication fund; to the University of Pennsylvania, \$5,000 for the professors' retiring fund, and to the Sunday Breakfast Association, \$1,000. His collection of medical charts, models, pictures and drawings is

left to Jefferson Medical College, and his extensive medical library to the College of Physicians.

# The Passing of Three Ex-Presidents of the American Medical Association.

During the past week three ex-Presidents of the American Medical Association have died, Drs. Hunter McGuire, Lewis A. Sayre, surgeons of world-wide reputation and foremost men in their profession, and Dr. Alfred Stille, renowned as a physician and as a teacher.

Dr. Sayre has been called the father of orthopedics, a surgical specialty that is indebted to him more perhaps than to any other one man. His work in this department was notable from the very beginning of his practice, and he early obtained an international fame both as an originator of new methods and as a successful operator. He was eminent, however, not only as a surgeon, but also as a sanitarian, in which capacity he made one of the best health officers New York has had. honors he received were numerous, but of none of them was he more proud than that of the presidency of the American Medical Association, which position he held at the session of 1880.

Dr. Hunter McGuire was not only eminent as a surgeon, but was also the idol of his section of the country from his record in the civil war, in which he was the most intimate friend and associate of "Stonewall" Jackson. He was a man of strong individuality, and has left his mark on the profession that will not soon be obliterated.

Dr. Stille, the last of the three, the notice of whose death comes to us as we go to press, has been for many years conspicuous among the men who have made Philadelphia a center for medical progress and instruction. Like Dr. Sayre, his connection with the Association dates from its beginning; he was active in its organization and was one of its first secretaries.

It is a strange, and an almost startling coincidence, that three from the little company of ex-Presidents of the American Medical Association should die within a space of six days; one on the 19th, one on the 21st and another on the 24th. They were all well advanced in years, the

youngest being Henry McGuire, sixtyfive; Sayre was eighty, and Stille eightyseven.

The passing of these leaves but eleven who have acted as president of the Association. The following are their names, the years of their presidency and their

present ages:

N. S. Davis, 1864-65, age eighty-three; Elisha H. Gregory, 1887, age seventy-six; Edward Mott Moore, 1890, age eighty-six; Henry O. Marcy, 1892, age sixty-three; James F. Hibberd, 1894, age eighty-four; Donald Maclean, 1895, age sixty-one; Beverly R. Cole, 1896, age seventy-one; Nicholas Senn, 1897, age fifty-six; George M. Sternberg, 1898, age sixty-two; Joseph M. Mathews, 1899, age fifty-three, and W. W. Keen, 1900, age sixty-three, and W. W. Keen, 1900, age sixty-three.—Journal of the American Medical Association.

#### Dr. Sayre of New York.

Dr. Sayre is dead. Born in New Jersey, February 29, 1820, of an old Colonial family, reciting in his fourth year verses of welcome to Lafayette, graduating from Transylvania University, Lexington, Ky., in 1839, and from the College of Physicians and Surgeons in New York City in 1842, prosector to Dr. Willard Parker till 1852, Surgeon to Bellevue Hospital in 1853, to Charity Hospital in 1859, an early advocate of clinical teaching, one of the active founders of Bellevue Hospital Medical College in 1861, and from that time until the consolidation in 1898, a period of nearly forty years, Bellevue's professor of orthopedic surgery, fractures and laxations, when he was made emeritus professor, the chair descending to his son, Dr. Reginald H. Sayre, of New York, well known to the surgeons of this country by his own work and merits irrespective of his eminent father. Dr. Sayre was also one of the founders of the New York Academy of Medicine, the New York Pathological Society, and the American Medical Association.

Dr. Sayre was the first American to remove the head of the femur in hip-joint disease. He performed the operation in 1854, and in seven years had created by this and other original methods, a practically new department in his profession—orthopedic surgery. The method of suspension of the body in Potts disease, and

the use of plaster of paris bandages or jackets in cases of lateral curvature of the spine, also original with Dr. Sayre, are now recognized treatment for these cases.

Dr. Sayre visited Europe in 1871, and was recieved as an authority. He was invited to lecture and to demonstrate his methods before several societies, and was made an honorary member of the British Medical Association, the Medico-Chirurgical Society of Edinburgh, the Surgical Society of St. Petersburg and the Medical Society of Norway. Charles IV. of Sweden also decorated him with Knighthood of the Order of Wasa for his attendance on a member of the royal family.

Dr. Sayre performed his htp-joint operation before the International Medical Congress at Philadelphia in 1876, and made numerous demonstrations in England the following year while attending, as a delegate of the American Medical Association, the meeting of the British Medical Association in Manchester. He invented numerous instruments and appliances and was the author of a long list of treatises and handbooks.

Dr. Sayre was married in 1849 to Eliza Ann, daughter of the late Charles Henry Hall, a prominent Harlem man. She died in 1894. Of their four children, Miss Mary Hall Sayre, a brilliant linguist, and Dr. Reginald H. Sayre, survive their father. Two elder sons, Charles H. H. and Lewis H. Sayre, both just beginning the practice of medicine, have died recently.

Dr. Sayre was interested in progress outside of his own profession. He was identified with Dr. Gilbert in the development of the clevated railroad, and with Cyrus W. Field in the early work on the Atlantic cable. He always regarded his birthday as a handicap. He could not have celebrated its twentieth anniversary until 1904, and it was his keen ambition to have done so.

Dr. Sayre had some amusing experiences while he was a medical sudent which he was fond of relating. The College of Physicians and Surgeons was then at 65 Crosby street, near Spring. One day Dr. Post, one of the operating surgeons, was about to cut off an Irishman's leg. Young Sayre had made complaints that the talks in connection with the operation were not explicit enough, so Dr. Post went into an elaborate exposition of flaps and circular

flaps, the application of the tourniquet in amputations, the stoppage of hemorrhage by hot iron, and the various kinds of am-The Irishman lay on the opputations. erating table in full possession of his faculties, and as he listened to Dr. Post's discourse he grew whiter and whiter. Finally he jumped up from the operating table, crying, "Get me me breeches, be gob; I'll die with me leg on!" And with that he was out of the room. The patient was a fireman who had been injured while going to a fire. Dr. Sayre found him several days later in a Watts street dive, with his knee badly swollen. The young doctor had heard a lecture that morning on "tactus eruditus," so he performed an operation on the fireman's knee, opening the joint and then binding up the wound. The rest is best told in Dr. Sayre's own words: "When my preceptor, Dr. Green, heard of what I had done he swore a blue streak. 'My God,' he said, 'you have opened the joint, something surgery abhors, a thing no surgeon ever did in the world.' But my patient got better. One day I had no line to bind his wound with, so I used the tow stuffing sticking out of an old horsehair When I called again I found the wound open and free from pus. I could only conclude that the tow had caused the difference. I reasoned from this that tow, dipped in Peruvian balsam, would not only disinfect a wound, but would keep it free from pus. And this was the foundation of one of the most satisfactory successes I ever had in surgery. It was the means of introducing into the army the use of tarred hemp, or oakum, as a dressing for wounds. My fireman got well, and for twenty years sold apples from a stand at the corner of Broadway and Prince street."

Such in brief is an outline culled from various sources of one who has brought great glory to American surgery and infinite beneficence to suffering humanity. He was reviled for his radicalism, but he answered not and went on with his work, unhasting and unresting. A private letter from a Bellevue student, of March, '99, to the editor of this journal, shows that the old lion spirit of Dr. Sayre could be yet stirred in his eightieth year by the memories of early opposition. He was present at Bellevue College while his plaster of paris jacket was applied to a little child, which went to sleep at once the

jacket was completed. "See the suffering and agonized child asleep in its nurse's arms," said Dr. Sayre. "This is the 'brutal operation' I instituted forty years ago, a refinement of cruelty, now practiced in every surgical clinic of the world." Certainly Dr. Sayre could draw the draperies of his couch about him and lie down to his long sleep in the full consciousness that his life had been a boon to humanity and that his works would prove his perpetual monument.

# Reviews and Book Protices.

Dr. Albert Stengel, of Philadelphia, has sent the JOURNAL reprints as follows: "The Diagnosis of Chlorosis and Chloroanæmia," "Acute Enlargement of the Thyroid Gland, with Report of Cases," "Immediate and Remote Effects of Athletics Upon the Heart and Circulation," "Aortic Regurgitation, with Remarks Upon Flint's Murumur and Paroxysmal Sweating."

A Manual of Otology. By Gorham Bacon, A. M., M. D., Professor of Otology in Cornell University Medical College, New York. With an introductory chapter by Clarence J. Blake, M. D., Professor of Otology in the Harvard Medical School, Boston. In one handsome 12mo. volume of 422 pages, with 114 engravings and three colored plates. Cloth, \$2.25 net. Lea Brothers & Co., publishers, Philadelphia and New York.

Manual of Diseases of the Eye for Students and General Practitioners, with 243 new illustrations and twelve colored figures. By Charles H. May, M. D., Chief of Clinic and Instructor in Ophthalmology, College of Physicians and Surgeons, New York. William Wood & Co.

This is a plain, concise, well arranged and useful treatise. It is 400 pages in extent, but is very neat and legible. This book cannot be classed with those potboilers and advertising brochures satirized by Jacobi in his Paris address on Medicine in the United States: "Books are numerous, and of about the same nature as in Europe. Text-books for students on all possible subjects, and written by masters, or those who believe they are, some of them masterpieces, some indifferent,

some catechisms, which, with their questions and answers, appear to be compounded by idiots for the use of idiots— 'que c'est un plaisir de se voir imprime,' says Moliere—they all appear to find a market."

A Manual of Syphilis and the Venereal Diseases. By Drs. James Nevins Hyde and Frank Hugh Montgomery, of Rush Medical College, Chicago. Philadelphia: W. B. Saunders & Co. Second edition. Revised and enlarged. Fifty-eight illustrations and nineteen full page colored plates. Six hundred pages. Price, \$4.

This book was received September 30th, in time for purchase by college teachers and students. The old edition was succinct, and pleasantly written. The revision enhances the practical value of the work. Dr. Hyde's methods as a teacher and author are well known in this country by his classical work on Diseases of the Skin.

The Brooklyn Medical Journal for September contains a portrait and memoir of the late Dr. Alexander I. C. Skene. Dr. Skene's last words—a several-page discussion of abdominal section is included, and also a drawing of his showing pregnancy in connection with uterine myofibromata-The leading article is "Some Problems of Nervous Disease," an able and extended address by Dr. F. W. Langdon, of Cincinnati, given by invitation before the Brooklyn Society for Neurology, April 28, 1900. Like all of Dr. Langdon's contributions to neurological topics, this address is replete with interest and information.

Year by year Treat's Medical Annual grows larger and better. That for 1900 is a beautiful 12mo. of nearly 800 pages, giving a resume of the world's best literature for 1899—or that part of it pertaining to medicine and surgery. It is edited by such men as Loomis, Fenwick, Murrell, Robson, Reed, Purrington, Hammond, Priestley, More-Madden and our own S. G. Gant—formerly of Kansas City, now of New York. Every man who writes, and many who simply read, will do well to add this book to his collection, for its reference to important articles even if not for the value of its own contributions—which is great. It is published by E. B. Treat & Co., 241 West Twentythird street, New York, at \$1.75.—International Journal of Surgery and Gynecol.

Transactions of the Ophthalmological Division of the Western Eye and Ear Association at the fifth annual session, St. Louis, April 5-7, 1900. Contains the paper of Dr. John J. Kyle, of Indianapolis, upon "Sympathetic Irritation and Inflammation," and of Dr. Jos. O. Stillson, "The Indianapolis, upon Turbinate Body as a Factor in Ocular Disturbance and the Indications for Its Partial or Complete Removal." There are seven other papers. Pages 1 to 65. By the courtesy of the American Journal of Ophthalmology, St. Louis, Mo.

New books received too late for review in this issue: "McFarland's Text-Book Upon the Pathogenic Bacteria," "Garrigues' Diseases of Women," "Thomas' Diet List and Sick-Room Dietary," "The American Text-Book of Physiology" (Vol. I); "Friedrich's Rhinology, Laryngology and Otology in General Medicine," "Stoney's Bacteriology and Surgical Technique for Nurses." W. B. Saunders & Co., publishers.

"Shurley's Diseases of the Nose and Throat," "Berkley's Mental Diseases." D.

Appleton & Co.

"Cooke's Obstetrical Technique." J. B. Lippincott Company.

Transactions of the Chicago Pathologi-

cal Society. Volume III.

This volume includes the papers and discussions from May, 1897, to June, 1899. It is from the press of the American Medical Association. Many of the articles have appeared in the standard medical weeklies. Drs. L. Hektoen, W. V. Van Hook and G. H. Weaver were the Committee on Publication. The society has nearly two hundred members. contents include a group of papers on each of the following subjects: Eye, ductless glands, respiratory system, circulatory, digestive, genito-urinary, lymphatic, skin, and miscellaneous subjects. The society was founded in 1882, and, as far as we know, is the only Western society which has published its transactions in book form. The papers on the Skin include blastomycetic dematitis by Drs. Wells and Coates, and Myoma of the Skin by Dr. Herzog. The book is a model for societies doing and publishing work in pathology.

New books on the press of the International Journal of Surgery Company: "The Treatment of Fractures," by W. L. Estes, A. M., M. D., Director and Physician and Surgeon-in-Chief St. Luke's Hospital, South Bethlehem, Pa. This book describes the treatment of fractures in a practical and interesting manner and is replete with original drawings, photographs and skiagraphs. Printed upon heavy book paper and substantially bound in cloth, containing about 250 pages. Price, \$2.

"The Technique of Surgical Gynecology," by Augustin M. Goelet, M. D., Professor of Gynecology in New York School of Clinical Medicine; Consulting Professor of Gynecological Electro-Therapeutics, International Correspondence Schools, Scranton, Pa., etc. This book presents to the reader the technique of gynecological operations in a manner combining simplicity with completeness. The varied subjects are individually discussed and graphically illustrated with a large number of drawings and sketches especially prepared. About 300 pages; \$2. Ready for delivery about September 25th. Published by the International Journal of Surgery Company, medical publishers, 100 William street, New York.

Atlas and Epitome of Gynecology. By Dr. Oskar Schaeffer, Privat Docent of Obstetrics and Gynecology in the University of Heidelberg. Authorized translation from the second revised and enlarged German edition. Edited by Richard C. Norris, A. M., M. D. With 207 colored illustrations on ninety plates and sixty-two illustrations in the text. Philadelphia: W. B. Saunders & Co., 1900.

The value of this atlas to the medical student and the general practitioner will be found not only in the text, but especially in the illustrations. The delineations of the artist are realistic in the extreme. The manual will be found one of the most practical of this exceedingly valuable and useful series. Differential diagnosis has been made easy by the clear

and lucid text, and the fine illustrations. The plates are drawn by Herr Schmitson and the plates made by Reichold, of Munich. Everyone who has seen the book is pleased with these notable graphic representations.

A Text-Book of Practical Medicine. By William Gilman Thompson, M. D., 8vo., pp. 1011. Illustrated with seventy-five engravings. New York and Philadelphia: Lea Brothers & Co. 1900. Price, cloth, \$5 net; leather, \$6 net; half morocco, \$6.50 net.

In this work the author aims at the practical and secures it, presenting it clearly, forcibly and in a style which rivals that of Osler. The clinical history is complete and the diagnosis is supported by those positive facts capable of demonstration in the laboratory.

The author assumes that curative medicine is, or, if not, should be, the avowed and final object of those who may read this volume, and devotes relatively more

attention to therapeutics.

The book is thorough, it is optimistic. It is for the man who recognizes that the practice of medicine consists of something more than "diagnosis and autopsy;" it is for him who strives hard to make a diagnosis and then skillfully selects his remedial agents, believing firmly in their efficacy to promote a cure. N. E. J.

General and Local Anesthesia. By Aime Paul Heineck, M. D., Clinical Instructor in Genito-Urinary Diseases, College of Physicians and Surgeons, Chicago; Clinical Instructor in Gynecology, Chicago Clinical School; Clinical Instructor in Surgery, Northwestern University, Woman's Medical College; 121 pages, \$1. G. P. Engelhard & Co., publishers, 358-362 Dearborn street, Chicago. Such is the title of a nice little book, of value, too, which discusses the uses of chloroform and ether: the use of anesthetics in childbirth; anesthetics for diagnostic and therapeutic purposes; anesthetics in surgery; selection of the anesthetic as governed by the nature of the operation; posture and preparation of the patient; rules for administration of chloroform and ether; precautions before and after; what to do in cases of accidents; methods of applying local anesthetics; the use of cocaine in nose and throat; in genito-urinary surgery; precautions for cocaine anesthesia; infiltration anesthesia and its technic. As it is practically the only special work of the kind in the English language it should have a great sale. It deserves it.—International Journal of Surgery and Gynecology.

Atlas and Epitome of Diseases Caused by Accidents. By Ed Golebiewski, Berlin. Authorized translation from the German, with editorial notes and additions by Pearce Bailey, M. D., Consulting Neurologist to St. Luke's Hospital, the Orthopedic Hospital, etc., New York. W. B. Saunders & Co., Philadelphia. Price, \$4.

This is the seventh of a series of works published by this house, the chief feature of which is the excellency of the illustrating. There are used in this book forty colored plates and 145 illustrations in black. With the six remaining volumes now in the course of preparation, the field of medicine and surgery will be very well covered.

The text of this is based upon a series of more than 5,000 cases. The preface to the American edition contains an interesting synopsis of the German accident insurance law. Throughout the work the amount of indemnity allowed for each injury is noted.

That portion of the text devoted to injuries of the foot and ankle is of exceptional merit, excelling in value the same chapters in many more pretentious works.

The work, as the name implies, is brief and concise, though it is also graphic and complete. As it fills an unoccupied niche in our literature, it is a welcome addition.

N. E. J.

Progressive Medicine.—Vol. III., September, 1900. A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by Hobart Λmory Hare, M. D., Professor of Therapeutics and Materia Medica in Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 408 pages, with 14 engravings. Lea Brothers & Co., Philadelphia and New York. Issued quarterly. Price, \$10 per year.

The third volume of the 1900 series of "Progressive Medicine" well maintains the standard of practicability and interest which has marked this excellent publication.

In the opening section, Dr. William Ewart, of London, deals at length with diseases of the thorax and its viscera, including the heart, lungs and blood vessels, giving with admirable fullness the therapeutic advances made therein during the past twelve months.

Spiller's chapter on the Diseases of the Nervous System well sustains the merited reputation of this pupil of Weir Mitchell. Special attention is devoted to Uræmic Hemiplegia, Post-Anæsthetic Paralysis, Cerebrospinal Meningitis, Anæsthetia by intra-spinal injections of cocaine, Tic Donloureux and its treatment by osmic acid and by extirpation of the Gasserian ganglion, the relief of herpes by cocaine ointment and the study of Infantile Convulsions in their relation to epilepsy.

A perusal of Norris' contribution on Obstetrics is calculated to surprise the practitioner with the advancement made in a specialty in which treatment is generally considered to have reached a well-perfected stage. That nature's efforts are now more intelligibly interpreted and accurately supplemented than even a decade ago is proven on almost every page of this attractive article.

#### Doings of W. B. Saunders & Co.

About September 25th this house will have ready "The American Illustrated Medical Dictionary," by W. A. N. Dorland. This is an entirely new and unique work for students and practitioners. contains more than twice the matter in the ordinary students' dictionary, and yet, by the use of clear, condensed type and thin paper of the finest quality, it forms an extremely handy volume, only one and one-half inches thick. It is absolutely up-to-date, containing hundreds of important new terms not to be found in any other dictionary. It is rich in the matter of tables, containing over one hundred original ones, including new tables of stains and staining methods, tests, etc., An important feature of the book is its handsome illustrations and colored plates, drawn especially for the work, including new colored plates of arteries, muscles, nerves, veins, bacteria, blood, etc., etc.--twenty-four in all. This new work has been aptly termed by a competent critic "The New Standard." price of this work will be \$4.50 net; indexed, \$5 net.

W. B. Saunders & Co. are about to establish a branch of their business in Great Britain. Mr. Saunders has recently spent several weeks in London, where all the arrangements preliminary to the opening of an English house have been completed.

For a number of years Saunders' books have been sold in England through the agency of a London publisher, and, although they have already met with remarkable favor, the house is confident that by applying to the English market the same policy that has proved so successful at home, the sale of its publications in Great Britain and her colonies can be enormously increased.

The company will have ready in a few

days the following new books:

"Modern Medicine," by Drs. J. L. Salinger and F. J. Kalteyer, of Jefferson Medical College, Philadelphia. Price, \$4 net.

"Rhinology, Laryngology and Otology, and their Significance in General Medicine," by Dr. E. P. Friedrich, of the University of Leipsig, and Dr. H. Holbrook Curtis, of New York. Price, \$2.50 net.

"A Text-Book of Histology," by Drs. Bohm and Davidoff, of Munich, and Dr. G. Carl Huber, of Ann Arbor, Mich. Ready in October.

"Essentials of Histology," by Dr. Louis Leroy, of Vanderbilt University. Price,

**\$1** net.

"Surgical Technic for Nurses," by Emily A. M. Stoney, author of "Stoney's Nursing."

New editions will be issued of the fol-

lowing:

"Ander's Practice of Medicine,"

fourth edition. Price, \$5.50 net.

"McFarland's Bacteriology," third edition, revised and enlarged. Price, \$3.25 net.

"Hyde & Montgomery's Venereal Diseases," new enlarged edition. Price, \$4 net.

"American Text-Book of Physiology," second edition, revised, in two volumes. Vol. I now ready. Price, \$3 net per volume.

"Saunders' Pocket Formulary," sixth edition, increased in size by over two hundred formulæ. Price, \$2 net.

"Garrigues' Diseases of Women," third edition. Price, \$4.50 net.

"Da Costa's Surgery," third greatly enlarged edition. Price, \$5 net.

"Stengel's Pathology," third edition, revised. Price, \$5 net.

During the next six months from four to six volumes in Saunders' Medical Hand Atlas Series will be added to those already published.

#### Death of Dr. Wm. V. Morgan, of Indianapolis.

We regret to announce the death of Dr. Morgan, which occurred at his residence, 622 North Alabama street, Indianapolis, on the afternoon of Friday, October 3d, after an illness of several months.

Dr. Morgan was forty-seven years of age, and was born in Johnson county. After leaving the high school there he attended the old Northwestern University in this city, and in 1873 went to St. Louis, Mo., where he graduated from the St. Louis Medical College in 1875. He practiced in that city for one year and then came to Indianapolis, but soon removed to Julietta, where he was engaged in active practive for nine years. He then returned to Indianapolis and became connected with the Central College of Physicians and Surgeons. He was for several years professor of anatomy, later occupying the chairs of fractures and dislocations and orthopedic and clinical surgery.

Dr. Morgan was married in 1875, and his wife and four children survive him.

Dr. Morgan was consulting surgeon to the City Hospital and the Deaconess Hospital of Indianapolis. He was, at the time of his death, President of the Marion County Medical Society. He was an active member of the State and local society, contributing valuable papers to these societies and to the Mitchell District Society, of which he was President last year. He excelled in terse statements of practical truths, such as were published from him in our September issue. was a man of great independence and originality of thought and invention. He devised a trajector for locating foreign bodies in the brain, an extension apparatus for fractures of the femur, and was an expert in the use of the X-rays in surgical diagnosis. Dr. Morgan was an active member of Plymouth Congregational Church, and often conducted the various exercises of the Sunday morning adult study class of that society. Following so closely on the death of Dr. Joseph Marsee, the city and State has lost another of its most eminent surgeons and surgical teachers.

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No. 5. Vol. XIX.

INDIANAPOLIS, NOVEMBER, 1900.

Price, \$1.00 a Year. Whole No. 221.

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#### Reviews and Book Notices.

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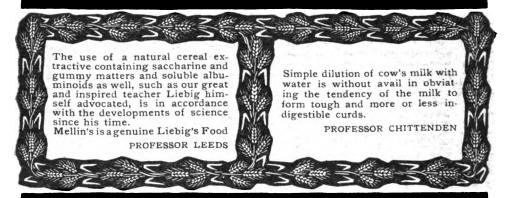
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## Indiana Medical Journal.

Vol. XIX.

INDIANAPOLIS, NOVEMBER, 1900.

No. 5.

#### Addresses and Original Communications.

## BLASTOMYCETIC DERMATITIS—A STUDY OF THE ORGANISMS INVOLVED.

BY CATHERINE GOLDEN,

Professor of Mycology, Purdue University, Lafayette

In a case which came in Dr. A. W. Brayton's practice, and which he has reported in a paper under the heading, "Several Unusual Cases of Skin Diseases in Indianapolis," in the Indiana Medi-CAL JOURNAL of April, 1900, a man fifty years of age had a pimple form on the proximal phalanx of the right middle finger. The case was first treated in November, 1898, but did not respond to the treatment, so that in October, 1899, showed three ulcers, the size of a bean, which were very painful. Portions of the margins were removed for examination, a part of which were sent to me. Dr. Brayton had, previous to this, diagnosed the case as blastomycetic dermatitis.

The scrapings from the finger were in a weak solution of formalin. When examined under the microscope, a great many budding yeast cells were found imbedded in the tissue and still alive. mould was also found which had been growing profusely both in and on the tissue. Photographs of the yeast in the formalin and in the tissue were taken. Cultures were made from the formalin of both organisms, after which the yeast was isolated by the Hauser orientation method and by plate culture. Cultures were then made in various media to determine the characteristics of growth and the life his-The organisms were still alive in tory. the formalin solution after three months, the yeast being in the spore stage.

The cultures were very slow in growth from the original material, though the growth increased in vigor with successive generations. The cultures showed fairly vigorous growth at temperatures varying from 20 to 33 degrees C., but at  $37\frac{1}{2}$  degrees C. the growth was very meagre for the mould, while no growth was perceptible in the yeast.

Two months after receiving the first material I received a tube of agar which had been inoculated directly from the ulcer, and a tube of blood serum which had been inoculated from the tissue of the finger, and a piece of the finger. The blood serum developed a luxuriant bacterial growth, the agar also showed a bacterial growth, but had a few yeast cells. This is a natural result, for most yeasts do not grow very vigorously on neutral media, and are soon overcome by the more luxuriant growth of the bacteria.

The tissue of the finger was sectioned, and on examination showed the irregularities due to the ulceration with an extension of the ulcerative processes to the There were miliary abtissue beneath. scesses in the connective tissue, which seemed to run with the lymph channels, and invasion of the tissue by the yeast and mould prior to its breaking down and formation of miliary abscesses. It is hard to demonstrate the mould and yeast in a photograph, particularly the yeast, as the hardening causes the delicate cells to shrink, though they could be found permeating the tissue. On account of the budding the organism looks very like yeast, but the cells are larger than yeast cells, and have a firmer structure. There are undoubtedly mould cells in close proximity to the budding cell, but out of focus, which can be seen to be similar to the budding cell.

A detailed description of the case from the clinical point is given by Dr. Brayton in his paper noted above.

Cultures of Yeast:—
1. Wort agar. Growth greyish white, dull, even, smooth even outline. In stick

cultures growth confined almost wholly to the surface, growth along needle track scarcely perceptible.

2. Agar. Pearly white flat growth with smooth outline, thicker in center than

at sides.

3. Ferro-gelatine. Plate culture showed no difference from the ordinary wort-gelatine growth. No blackened ring.
4. Meat-gelatine. Growth very slow,

4. Meat-gelatine. Growth very slow, with same characteristics as growth on agar. Liquefaction very slow, requiring

one to two months to liquefy 5 cc.

- 5. Wort-gelatine. Growth very like that on wort agar at first. When the growth spreads to the sides of the tube it forms a heavy ring, which gradually turns brown in color. Gelatine is liquefied very slowly. When liquefied, a thin film is formed on the surface and there is a heavy sediment.
- 6. Bouillon. Growth very slow; the liquid remains clear, the growth forming a sediment.
- 7. Potato. A heavy, thick, dull growth, much more luxuriant than with any other medium. The growth even where covering a continuous area has the appearance of colonies.

8. Glucose-bouillon. Very slight sedi-

ment, liquid clear, no gas formed.

9. Sucrose in Pasteur solution. Forms thin film, with growth running up the sides of the tube, the film increasing in thickness very slightly with age. The growth is the open arm of the tube. No gas formed. Sucrose inverted.

10. Dextrose in Pasteur solution.

Same appearance as in sucrose.

11. Lactose in Pasteur solution. Not quite so luxuriant a growth as in preceding sugars. Similar in other respects.

- 12. Wort. Growth quite heavy in bend of tube, thin film. In some of the tubes a small amount of gas formed in about a month, never to exceed 1 cc.
- 13. Milk. Growth not perceptible. Coagulation took place in about nine days.

14. Dunham's peptone solution. Used for indol test. No indol formed.

Colonies. Colonies dull, light gray, smooth outline. They develop fairly rap-

idly in wort-gelatine.

Morphology. Cells are round, small, mostly single. When growing vigorously, one bud is attached to the mother cell, very rarely two: the protoplasm is nearly

homogeneous, usually only one vacuole formed. The cells vary in size from 2.8 to 4.3 microns in diameter. The average size is 3.6 microns.

Spore formation. Sport formed readily on gypsum blocks at room temperature in four days. Only one spore formed in each cell, a spore forming in the bud as well as in the mother cell: The spores are round and do not fill the entire cavity of the cell.

The characteristics of the yeast do not agree with any known described species.

Cultures of Mould:—

- 1. Wort agar. A heavy, oily-looking film is formed over the surface, the part in contact with the sides blacken first, and also the parts extending above the general level.
- 2. Agar. Scanty grayish dry growth. When grown at 37½ degrees C. a thin film only is formed on the surface, no blackening occurs. Barely perceptible growth is formed at the surface in stick cultures.

3. Ferro-gelatine. No variation from

the growth in wort-gelatine.

4. Meat-gelatine. Very thin film is formed on surface. Only the parts of the mould in contact with the glass turn black. Gelatine is liquefied slowly.

5. Wort-gelatine. A heavy, luxuriant growth develops, forming a film over the surface, and running up the sides of the tube. The gelatine is liquefied, at the same time a heavy yeast-like sediment is formed from the formation of conidia.

6. Bouillon. Forms small colonies without color, which drop to the bottom,

leaving the liquid clear.

- 7. Potato. Wrinkled, oily growth, resembling a bacterial rather than a mould growth. At 37½ degrees C. the growth is very scant, but the whole surface of the growth turns black in three days, as against twelve days at room temperature. Unlike the enzyme, laccose, the blackening occurs in the dry part of the growth, apparently requiring little, if any, moisture.
- 8. Glucose-bouillon. Heavy mycelial growth at the surface of the liquid. The mycelium is loose and flocculent, the edges turning black first, the blackening lessening from the edges to the interior. No gas is formed.

9. Sucrose in Pasteur solution. A slow growth, thin filury growth, slight blackening at sides. No gas formed. The

test with Fehling solution showed inversion of cane sugar.

10. Dextrose in Pasteur solution. Very slow, scant growth. No gas formed.

11. Lactose in Pasteur solution. Rather thin growth at surface, blackening

at edges. No gas formed.

12. • Wort. Grows vigorously, forming layers of mycelia at varying distances in the tubes. The layer in contact with the air turned black in about ten days, the part in contact with the sides blackening first.

13. Milk. A thin film forms on the surface. No blackening occurred even in old growths. Coagulation occurred in

about eleven days.

14. Dunham's peptone solution. The growth was tested with 10 per cent. sulphuric acid, heated to 80 degrees C., and gave a decided pink color, showing that both indol and nitrites were formed.

Colonies. Colonies in three days show a compact center with radiating filaments. The filaments at the center have a knotted appearance, due to their breaking up into conidia. The edges form a blackened ring. The blackening extends to the center of the colony in five or six days if the colonies be well separated from one another; if not, it requires a longer time. The surface before and after blackening has an ugly, oily appearance.

Morphology. The mould differs in appearance from the form of organism generally associated with the term "mould." On plate growths it forms a solid, oily growth. It is a dirty gray color when young, but as it ages it becomes black. In old cultures the growth forms an uneven layer, extending up the sides of the glass. It has no resemblance whatever to

the ordinary mycelial growth.

When examined under the microscope it is found to be made up of two kinds of hyphæ, one kind persisting as hyphæ, with many cross walls, the other kind breaking up into conidia. There are three forms of conidia, two colorless forms, and the third a dark brown under the microscope, but black when seen in mass. The formation of the conidia can be seen to advantage in a hanging drop in a moist chamber. In wort the conidia develop, forming filaments; these filaments form septa at short intervals, and at the same time give off buds from the rounded ends and from the sides, resemb-

ling a Dematium very closely in this respect. The buds many times develop smaller buds, just as yeast does, the small buds never attaining to the size of the mother cell. The buds develop, and the filaments break up much more rapidly along the edge of a drop than in the center. In a culture twenty hours old, at about 28 degrees C., very few filaments can be found except in the center. The colored conidia are formed in five or six days, and develop from the breaking up of the more persistent hyphæ. They are larger than the large colorless conidia, and have thicker walls.

The three forms of conidia develop readily; the development of hyphæ, the formation of buds from these, the formation of septa, and the separation of the parts of the hyphæ taking place in eighteen hours.

In old plate cultures are found very large cells, some single, others two-celled, while still others seemed to be joined in threes or fours. These cells are sometimes filled with a much vacuolated protoplasm, sometimes with a number of dense, refractive masses of protoplasm, resembling the spores of yeast. These large cells appear to be formed from the hyphæ of the mycelium which resisted the formation into conidia. Their significance is not known, as they do not seem so well fitted for resting spores as the colored conidia.

The work on the mould is incomplete, further study being necessary before satisfactory conclusions can be drawn as to its life history.

Experiments:—

1. A rabbit which had been inoculated with the yeast died in four days after inoculation. On dissecting, twelve hours after, one rib was found broken, which may have been the cause of death. Inoculations were made into wort and wort-gelatine from the two kidneys, the liver, pleura, blood-vessel, the ear puncture, and a red, swollen place on the ear below the puncture.

The tubes inoculated from the pleura remained sterile, those from the kidney, the blood-vessel and the liver developed growths of bacteria, while those from the ear, both from the puncture, and the part below the puncture developed the yeast. The growth at first was slow, much slower than cultures which had passed through generations of growth on artificial media.

2. A subcutaneous injection of yeast was made into the ears of two large, old rabbits. The ears became swollen in the region of the puncture and showed fine pustules on the outside. At the end of a month the rabbits appear quite well, but the swelling and reddening are extending along the course of the veins toward the base of the ear. The action in both is uniform.

3. A dog was fed for three days on beef upon which a vigorous growth of the yeast was spread. The third day he appeared somewhat sluggish, but aside from

that no ill-effects are apparent.

4. A subcutaneous injection of the yeast was made into the ear of a young rabbit. The effect was the same as in the case of the old rabbits, but at the present time (twenty-seven days after inoculation) the redness and swelling have nearly disappeared.

5. A subcutaneous injection of the mould was made into the ear of a large rabbit. The ear has become swollen in the region of the puncture. Pustules developed to such an extent as to break

through, forming a scab.

6. Six guinea pigs have been inoculated peritoneally with the yeast and the mould, but as yet (seven days) no results

are apparent.

7. Two rabbits have been inoculated with a mixture of the yeast and mould, one a subcutaneous injection in the ear, the other a peritoneal injection, but too recently to look for results.

The above work is provisional. Various animals have been inoculated and are under observation the present summer.

No very definite conclusions can be drawn in regard to the parasitic character of the yeast and mould in the animal body, or whether their action is symbiotic, as the experiments have not been in operation a sufficient length of time. The work at present is incomplete. It will be resumed the coming fall.

[Note.—Professor Golden allowed the veast and the associated mould to rest through the summer. She has commenced an additional series of cultures and inoculation experiments the present month. A complete series of photographs accompanied the paper, which we regret that we are unable to present. These showed cul-

tures of both of the yeast and the mould; also the growths in the tissues. were on exhibition at the Pathological Section of the American Medical Association at the Atlantic meeting, as was alsothe amputated finger showing the ulcers and specimens of the growing yeast and mould, and synopsis of the work of Professor Golden, Dr. W. T. S. Dodds, of Indianapolis and the present writer on this The patient is entirely well of the disease. Blastomycetic dermatitis, in his case, proved a very painful and protracted disease, lasting over a year and half. It was removed twice under ether with knife and cautery, only to return. Lupus and syphilis were excluded; also nomal epithelioma, which the sections resemble so much as to have suggested the name of blastomycetic epithelioma as a substitute for Dr. Gilchrist's name of blastomycetic dermatitis—a manifest violence to the etiology and histo-pathology, as well as an injustice to Dr. Gilchrist.

The writer is very hopeful that Professor Golden will be able to throw light upon the vexed problem of this yeast and the associated mould. She is an authority upon the commercial yeasts, and a perusal of her paper is sufficient evidence of her thoroughness and persistence. A comparison of the different yeasts found in blastomycetic dermatitis—Hessler's yeast, Gilchrist's, and the yeast in the present case—show that morphologically they are diverse, but whether more so than the bacillus of tuberculosis, the ray fungus and the diphtheria organism, is not determined. Whether the mould is of greater or less importance than the yeast in the present case, or whether their action is symbiotic, or whether the black mould is incidental, is left to the future studies of

Professor Golden.

A letter from Dr. A. C. Abbott, director of the laboratory of hygiene of the University of Pennsylvania, under date of October 27th, states that he has read Professor Golden's paper with great interest and commended the work done on the micro-organisms. He expressed his surprise, however, that any cultures could be made of either the yeast or the mould from tissue that had been in even weak solutions of formalin. The writer has, however, conferred with both Dr. Dodds and Professor Golden as to the inhibitary effect of weak formalin on the organisms. Two

drops in an ounce of water used as a preservative for small bits of the tissue did not inhibit the growth of the yeast.—A. W. B.]

### THE LIGATURE AND VALUE OF DRY STERILIZED CATGUT.\*

BY J. H. CARSTENS, DETROIT.

Finally the profession found that silk was the best for that purpose, and so for the first one-half of the nineteenth century virtually only silk was used. During the last quarter of that century, with advent of abdominal surgery, requiring ligatures to be buried and be beyond reach after the external wound had healed, the trouble began. Silk was a foreign body and would often cause fistulæ, and the profession looked around for other material, and even used various metals, but they were generally found wanting. They tried animal ligatures of various kinds. The greatest trouble with these has been to make them absolutely sterile. kind of animal tissue, from the tail of the kangaroo to the fascia lata of the deer, has been used and again dropped.

I have tried the different kinds of catgut ligatures, koumoled, formaldehyded, the chromocized, and always found something wrong. The greatest objection that I had to all these ligatures was that they

last too long.

It really seems too absurd to me when I hear men talking about using twenty, thirty or forty-day catgut, as though it made any difference whether it lasted ten days, twenty days or two months. If the parts are not healed in a few days or a week, they will not heal in a month if you simply hold them in a position with the ligature. When I have taken out pieces of ligatures weeks and months after being in place, I have become perfectly disgusted with the various sutures.

Still, catgut is just the ideal ligature that we want in abdominal surgery. Again and again I have approached the subject and experimented, but have often become discouraged. Reverdin, Docderlein and others recommended dry, sterilized catgut, but no good apparatus could be had until I heard some years ago about the dry, sterilized catgut, as prepared by Boerck-

mann. The only thing that I did not like was to use oil paper or paraffin paper for the purpose of kind of oiling the ligature. That is just what I did not want in a ligature. What I wanted is a plain, pure animal fiber, as small as possible, or as fine and as light as possible, to hold the parts in apposition for a few days or to control a blood vessel.

After I had sterilized some, I was astonished how strong the catgut was after being subject to an intense heat. First using some pretty heavy, then I began to use it lighter and lighter and finally got down to No. 3 of the finest German cat-(Ten strands of ten feet each in a box is the way I got it.) This I used for tying the pedicle and blood vessels, and it is more than strong enough for that purpose. For fine work, that is, intestinal surgery, or to sew the peritoneum together, I use only No. 1 or No. 0. instance, in operation for appendicitis, that is amply sufficient in strength, as agglutination of the peritoneum takes place so rapidly.

I prepare these ligatures myself (although they are now in the market) in the following manner: The catgut is put in ether for a few days or a week, till the fat is all removed, and then cut in strips of eighteen or twenty inches long. Three of these are wrapped in fine tissue paper. This is then placed in a small envelope, the latter closed, and then placed in the Boerckmann sterilizer and subject to dry heat for three hours. The thermometer is kept in the apparatus so that you can see that the heat is at least 300 degrees. At the expiration of that time the heat is shut off and the ligatures remain in the apparatus without disturbance for twelve to eighteen hours, which gives any spores that may be present an opportunity to de-Then the heat is again used and the ligatures are subject to another 300 degrees.

No contamination can take place while they are in the envelope unless the envelope becomes moist. I have had a package in my satchel which I carried all over Europe, and when ever anybody wanted to try it I gave them a couple of envelopes. The envelopes were loose, came in contact with all kinds of things, but were kept dry, and when I returned I made bacteriological tests and found that the catgut was still absolutely sterile.

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<sup>\*</sup>Abstract of a paper read at Louisville, September 20, 1900, before the American Association of Obstetricians and Gynecologists.

I have repeatedly tested the catgut and have always found it absolutely sterile.

The points I want to make about the dry, sterilized catgut ligature are the following:

- 1. All buried sutures ought to be absorbable.
- 2. All absorbable ligatures must be absolutely sterile.
- 3. Chemicalized sutures are no more sterile than plain sutures.
- 4. A suture that is chemicalized is harder and remains longer in the tissues.
- 5. This latter is no advantage, but a disadvantage. If in a special case it is desirable that a suture should remain longer, dry sterilized kangaroo tendon can be used.

#### NOTES FROM THE PATHOLOGICAL LAB-ORATORY OF THE CENTRAL INDIANA HOSPITAL FOR THE INSANE.

BY DR. JOHN B. BRIGGS, JR., Acting Pathologist.

II.

An Interesting Ovarian Cystoma.—The patient, a woman of fifty-two years, was admitted to the hospital some four months before death. Her psychosis was a melancholia without any anomalous features; some months before her admission she had begun to suffer from muscular incoordination, shooting pains in the side, disappearance of the reflexes, and all the train of symptoms that justifics one in a positive diagnosis of tabes dorsalis; the condition progressed steadily during her stay in the hospital, until general motor paralysis had reached its last stages and articulation had become impossible. no time while she was under observation here did any symptoms arise pointing to pelvic trouble; the menses had ceased. She finally died from inanition. At autopsy, performed eight hours after death, there was found to be a cardiac hypertrophy (400 gr.), evidently dependent on a chronic diffuse nephritis of long standing. There were many localized fibrous adhesions in the pleural and peritoneal cavities, the lungs showed a hypostatic congestion, and there was a slight degree of arterio-sclerosis at the base of the aorta; that chronic passive congestion of all the abdominal organs, whose frequent occurrence in all classes of cases in this laboratory has been previously noticed, was very marked. The cord presented no macroscopical alterations, nor did sections stained by the aid of Weigert's method disclose such lesions as are usually present in tabes; the observations on this cord, together with Dr. Pettijohn's notes of the clinical aspects of the nervous condition, I hope soon to publish in detail.

On entering the pelvic cavity, and while searching for the rectum, that organ was apparently discovered lying close behind and to the left of the uterus. On drawing the latter organ forward, however, it was soon seen that the supposed gut was the left Fallopian tube, or some extension of it, and that an exactly similar and symmetrical structure was present on the right side of the uterus. The broad ligaments were then freed and the whole mass was removed in toto by amputating the vagina high up. No adhesions existed between the uterine adnexa and any of the other pelvic viscera; the vagina was in every respect apparently perfectly normal. The uterus was of an extraordinarily firm and solid consistency, small and occupying its normal position and relations to the hard parts. The external os was rounded and firm, its epithelial covering seemed somewhat thickened, and its vessels were congested. On attempting to introduce a small probe through the os into the uterine cavity it was found impassable, the opening being represented by a small shallow fossa, whose floor was apparently the extended myometrium. On section, the uterus cut with difficulty. grating under the knife, the cut surface concaving slightly away from the edge. The freshly cut surface was of a gravishwhite color, with many small, pearly translucent areas. The cavity was nearly obliterated, a small narrow fissure extending about the middle two-fourths of the length of the uterus representing its last vestiges; this fissure when spread apart was seen to contain a small amount of homogeneous material, soapy crumbled into a sticky paste between the fingers. At the upper external angles of the uterus no trace could be found of the orifices of the tubes. The consistency and appearance of the myometrium as above described was uniform throughout its extent, except at the lateral borders of the uterus, where the consistency was softer and the color a darker gray, mottled here

and there with minute darker brownish areas.

Externally, the structures which at first had simulated the appearance of loops of intestine were seen to be curled in S-like loops beside and behind the uterus, rising two to three cm. above the fundus of that viscus, and adherent to it wherever they came in contact; about one-third of the length of each loop was free of adhesions. The adhesions were evidently fibrous in nature and apparently quite recent, for they were broken down with ease and without any damage to the parts united by them. Each loop, or sac, was continuous at its upper end with an external superior angle of the uterus; its lower end terminated by becoming attenuated and being continued into a firm hard mass situated on the external border of the uterus at its lower extremity. These masses were each about the size of an English walnut, yellow in color, and their surfaces corrugated in very much the same manner as the walnut. They lay against that part of the wall of the uterus, which has been above described as being less firm than the rest, and were intimately connected with the muscular substance, so that they could only be partially detached by tearing the On cutting open the sacs contissues. nected with these nodular masses, they were found filled with a brownish thick fluid containing much red curd-like and very soft material, which, on microscopic examination in the fresh condition, showed no formed elements and seemed to be something in the nature of a coagu-

The most thorough dissection revealed no structures other than the loops and nodules described which might by any chance represent the remains of the ovaries and the Fallopian tubes on either side. The absence of extensive pelvic adhesions aided in making the search an exhaustive onc, and the relations of the structures and their position with regard to the broad ligaments led me to conclude, from gress anatomical considerations alone, that these symmetrical nodules were indeed the relics of the diseased ovaries drawn down from their proper position, and that the distended curled-up sacs were the remains of the tubes invaded also by some morbid process, most probably a neoplasm.

Portions of the uterine wall, and of the

nodules and the wall of the distended sacs, were preserved in absolute alcohol and in 4 per cent. formalin, were imbedded in celloidin, and sections stained in hæmatoxylin and eosin, Van Geison's stain, and hæmatoxylin and Van Gieson.

The myometrium was found to contain a great deal of fibrous connective tissue interwoven with the bundles of smooth muscle cells. The musculature was histologically for the most part normal, but careful search revealed the presence of a few areas of degeneration, which had all the appearances and typical reactions of amyloid; the existence of this substance can be explained by the fact that the patient had suffered from syphilis some years before her death. Many of the branches of the uterine arteries had undergone proliferation of the intimal coat, and some of them were practically obliterated; in addition, a number of the smaller vessels showed the beginning of an amyloid deposit in their walls. epithelium of the vagina was normal; of the cervix, somewhat thickened, its vessels congested. The nodules and adjoining portions of the uterine wall showed an abundant stroma very closely resembling that of the normal ovary, and in this stroma numerous small cysts, varying in size from the microscopical to those the The smaller cysts were size of a pea. empty, the larger ones contained the fluid already described. The epithelial lining of the cysts was of a transitional type, two or three cells thick. In the walls of the large loop-like cysts could be found the indications of former partitions in the shape of folds or spurs of the mucous membrane lining their cavity, which projected at times quite a distance into the lumen.

The unusual features of the case are the surprising symmetry of the growth in its macroscopical relationships, the sudden change in the size of the cysts from the very minute, only revealed by the microscope, to the large and elongated cavity that had attained the dimensions of the intestine, and the co-existence of amyloid degeneration in the same organs as those attacked by the new growth. No evidence of amyloid, or of any other form of degeneration, was found in the other viscera; its etiology we, of course, ascribe to the acknowledged syphilis, there being no tuberculosis or chronic suppurative

process in the body to which the amyloid could be attributed. The tumor must be considered as a tubo-ovarian cyst, and it is rare that these are multi-locular, as in this case. We must presume that adhesions were formed between the ovary and the tube before the tumor formation began, and probably these adhesions had their origin in an inflammatory condition of the tube rather than of the ovarynearly all ovarian inflammations originate by extensions from the tubes. In consequence of the inflammation it is also probable that the tube was closed and distended already at the time it became united to the ovary. The question arises, are we going to call this growth a tuboovarian cyst, or a hydrosalpinx, which has become intimately united with a cystic ovary? The answer is not to be made with absolute certainty without an impossible degree of information as to the exact steps of formation of this particular tumor. But in view of the traces of destroyed septa in what might be considered a dilated tube, and considering the nature of the stroma of the growth in all its parts being so strongly reminiscent of the peculiar normal ovarian stroma, we may feel justified in considering the diagnosis of multi-locular tubo-ovarian cystoma a reasonable onc.

Laboratory Library, October 15, 1900.

## WHY ARE TYPHOID AND OTHER FEVERS SELF-LIMITED?

BY DR. J. O. MALSBURY, PERU, IND.

It is a very generally conceded fact that typhoid fever, pneumonia and many other specific fevers are not cured, that is, the specific process cut short by any known medication. Yet, after a time, and, singularly enough, this time with but few exceptions, is conspicuous for its uniformity in each case, the active phenomena comes to an end, the different organs are allowed to assume their functions, and the patient is restored to health. It has been usual to assign as the cause of this ending of the active phenomena known as disease, to the reassertion of the resistive forces or vital power of the particular organism. It has also been hinted that there might be a special element, phagocytes, formed in the blood after the beginning of the active phenomena, which eventually overcomes the same, and the disease is thus ended. These theories are faulty; since it is not fair to assume that a vital organism, which has been attacked, depleted, and all but wrecked by an active phenomena, can ever gain force of energy while in this state of depletion, to throw off that which it was unable to resist during its perfect action (health).

For this "why," then, we must turn to

something more rational.

In the reproduction of life with which we are acquainted, that of animal and vegetable, there are two elements essential, positive and negative—male and female. It is evident that there is a form of life, yet lower than that of vegetable, with which we are but little acquainted, and which is dependent for its reproduction upon the same two elements, positive and negative—male and female. To this form of life probably belong the different forms of common mould, the yeast fungi, as well as the specific element, fungi, spore, or what not, that creates the mischief known as disease. Now, it is a well-known fact that either animal or vegetable life, when inter-bred, that is, the direct descendants of a parent stock, bring forth specia, and their progeny in turn inter-breed, etc., that each descent brings forth a less vigorous descendant until finally there ceases to be fertility, and reproduction is at an Since this phenomena is true in the higher forms of life, it is not unreasonable to assume the same to be true in the lower forms. In typhoid fever it is but fair to assume that there is a new production every twenty-four hours, since there is a reasonably regular variation of temperature of about one degree during the said time. This specific element or spore reproduces within and of its self, and with each successive reproduction the spores become less vigorous, as is many times manifest by the dropping of the temperature after the first few days or fortnight, until finally fertility ends, reproduction ceases and the active phenomena-disease in this particular case-is at an end. This theory will account for the widespread variation in the severity of this as well as other diseases. If the patient be infected with the vigorous spores the attack will be malignant, severe and abrupt, while if the spores of infection be such as would be found after several successive reproductions, without the introduction of a new or vigorous spore, the attack would be mild. Against this may be offered the argument that a mild epidemic of typhoid, scarlet fever or smallpox may suddenly become malignant, which would tend to disprove that the successive reproductions lessen the vigor of the spores, but, on the other hand, rather increase the same. We must not lose sight of this fact, that it is just such cases that are often neglected and are allowed about the streets or in the schools, and by their intermingling there is an interchange of spores among the different cases, and that there is a probability that this interchange will result in vigorous progeny, as is the case with both animal and vegetable, and then we have the mild epidemic converted into the malignant one.

As to the case which begins mildly and grows more severe as the case progresses, and may finally end in death or run longer than the usual time, is explained thus. Barring the doctor's being the cause, the patient must have been infected with mixed spores, that is, spores from different sources, and therefore not of the same group, and the cross, as a matter of course, would result in increased vigor, until repeated inter-breeding would begin to lessen the power of procreation and. finally fail to reproduce, when the active diseased process would cease; but owing to the severity and prolongation, the patient's vitality may have ended first.

#### IMPERFECT DEVELOPMENT.

Report of a Case of Lack of Development of the Right Side of the Head with Congenital Microphthalmus, Coloboma Iridis—Lack of External Auditory Canal and Imperfect Formation of Auricle.

BY GEORGE F. KEIPER, A. M., M. D., Eye and Ear Surgeon to St. Elizabeth Hospital, Etc., Lafayette, Ind.

Dr. George K. Throckmorton, of this city, kindly called my attention to the above case about eighteen months ago. Before the arrangements could be completed for taking the child's photographs it died.

At the time of the visit to Mr. G.'s house we found a seventeen months' child. The right side of the head was about two-thirds that of the left side, the latter being perfectly developed. The right eye was microphthalmic with coloboma of the iris downward. The coloboma was quite large. The eye was apparently blind.

No vestige of the right bony auditory

canal could be detected. There was only a slight depression in the temporal bone, and that was covered with skin. Of the auricle, the lobe, tragus, antitragus and inferior portions of the helix and antihelix were wanting. The child had a mouth like a catfish. Both maxillary bones showed a fairly perfect development on the left side, but imperfect on the right side. What teeth the child had were imperfect and had not appeared in the usual order.

The right side of the body showed a lack of development, the arm and leg being markedly smaller than those on the left side. Otherwise the development was normal. The condition as noted in the child is very rare, and on this account is reported.

Concerning absence of the lobule, with absence of the external auditory canal, a case has been reported by Szenes.—From the Journal of the American Medical Association, September 1, 1900.

## COCAINE ANESTHESIA OF SPINAL CORD -REPORT OF A CASE.

BY W. W. HAMER, BELLEFONTAINE, OHIO.

The patient was seventy-eight years of age, with a unilocular cyst of the left broad ligament. She consulted me in regard to its removal, but on account of her age and the weak condition of her heart, I had advised against any operative interference; but she was suffering agonizing pain in the abdomen and could retain no food. She said she preferred death on the table rather than die without an effort to recover. I finally consented and decided to use the new method of general anesthesia, cocainization of the spinal cord.

As there are as yet only a limited number of cases reported, and believing it might be of benefit to those interested, I will describe this case:

The area having been rendered aseptic in the usual manner, I introduced a hypodermic needle two and one-half inches long, made of steel, in the interspace between the fourth and fifth lumbar vertebræ, two-fifths of an inch to the right of spine of fourth lumbar vertebræ. A strictly aseptic solid piston metal syringe was used, injecting fifteen minims of a sterilized 2 per cent. solution of cocaine,

and withdrawing needle the opening was closed with sterilized collodium and iodoform. The cocaine solution was rendered sterile by placing same in a steam sterilizer, at a temperature of 212 degrees Fahrenheit, for one hour, in place of sterilizing by lower temperatures frequently repeated, as advised by Tuffier. The interval from injection of cocaine to commencement of operation was ten minutes; patient's pulse was for a short time in the beginning slightly accelerated, but remained good throughout operation.

The amount of nausea was slight, as compared to other cases reported; no other ill-effects were noticed; the pupils remained contracted throughout; the patient was perfectly conscious, but suffered no pain and frequently asked in regard to

the progress of the operation.

The tumor, weighing six pounds, had adhered to omentum anteriorly and to the peritoneum posteriorly by thick bands of adhesion, which were with difficulty broken up. The operation lasted one hour; there were no bad after-effects. The patient made a rapid and uneventful recovery, the temperature being normal seventy-two hours after operation, and remaining so, this being the ninth day.

While I had excellent results from the use of cocaine anesthesia of cord in this one case, I do not believe its use unattended with danger, and until further research has been made would advise all to be exceedingly cautious in its use, and use it only where general anesthesia is contraindicated, or until we are better acquainted with its action. Asepsis is of paramount importance in this method.

#### MISCELLANY.

#### A French Surgeon of the Old School.

At the annual meeting of the Societe de Chirurgie, held a few weeks ago, M. Paul Reclus gave an interesting account of the career of Maisonneuve, whose name is already moss-grown, as if he had been half a century in his grave, though he died only three years ago. Maisonneuve was a pioneer in many previously unexplored regions of surgery, says the British Medical Journal, and he had the fate which too often befalls the man who is in advance of his time. He opened up more than one path which has since led others

to lands flowing with milk and honey, but which brought him only to a Dead Sea of failure and disappointment. Not that he would have acknowledged defeat; he was ever a fighter, and to him doubtless the joy of the fray was in itself worth living for. But a spirit so bold and a genius so inventive might have accomplished far more than it did had it been his fate to work not in the dimness of the misty dawn of scientific surgery, but in the fuller light of a later day. Maisonneuve was born of good middle-class stock at Nantes in 1809. He had a brilliant career as a student, the teachers who influenced him most being Dupytren and Recamier.

As a hospital surgeon he soon distinguished himself by originality in conception and boldness in execution. In 1845 he proved by experiments on animals the feasibility of intestinal anastomosis, but he was thought by the surgeons of that day to have imagined a vain thing. He was the first to perform blepharorrhaphy, to use forcible dilatation in stricture of the rectum, to tie the vertebral artery. He did excellent work on fracture of the fibula, on hip disease, on hernia. But his name will probably be remembered chiefly in association with internal urethrotomy.

Maisonneuve was too strong a man not to have enemies, and his manners had not that repose which suits the inhabitants of academic Olympus. He is reported to have said to a distinguished surgeon who was lamenting the bad condition of his hospitals as conducing to a high rate of mortality: "There are no bad hospitals; there are only bad surgeons." To a student new to Paris, who asked for guidance as to the choice of a surgical teacher, he said: "There are but two surgeons in Paris, Chassaignac and myself; and Chassaignac, too, is an imbecile." Tumors that no one else would touch were sent to Maisonneuve, who dared all that might become a surgeon, and perhaps a little more. free was he with the knife that a house surgeon is said to have asked on one occasion which part of the patient was to be carried back to bed. He was like Othello, rude in his speech, and he was something of a bully to his pupils. But he sometimes found his match. A student, who was afterwards one of the leading physicians in Paris, attracted Maisonneuve's notice by the foppishness of his dress and a certain affectation in his speech. The surgeon said to him, with a snarl of contempt: "Well, young gentleman, do you know what distinguishes a man from an ape?" The student coolly answered: "Yes, sir; politeness." The bystanders expected to see the presumptuous youth crushed by the wrath of the great man; but Maisonneuve only laughed, asked the lad to dinner, and was ever afterwards one of his staunchest friends.

In 1872 came the time for retirement from public work, and after 1879 Paris knew Maisonneuve no more. He buried himself in a country house in Brittany. He made no acquaintances among his neighbors, and received no visitors. from miles around there came poor people on foot, on horse or donkey back, in carts and in wheelbarrows, to whom he freely gave the benefit of his skill, dressing their sores, setting their broken bones, breaking down ankyloses, reducing hernias, and removing cataracts. When he died the country folk crowded around his coffin for three days to sprinkle holy water on his dead body and pray for the repose of his soul; and to this day they bless the memory of the old man with the rough tongue but the skillful hand which wrought miracles of cure—Atlanta Journal-Record of Medicine.

## The Phelps Operation for Hernia and Method of Closure of Abdominal Wound.

A. M. Phelps, of New York, in order to obviate the stretching of the scar tissue which results from the ordinary method of closure of abdominal wounds, introduces a continued suture of fine silver wire which becomes encysted, and remains so during the natural life of the patient. In extremely thin abdominal walls, in addition to this, a mattress of loops of silver wire is introduced over the transversalis fascia, and underneath all of the muscular coats of the abdominal walls. This wire becomes encysted in the granulation tissue, preventing subsequent stretching. If the wire is sewn into the tissue with continued suture, it always becomes encysted, and causes no disturbance whatever. In hernia operations, Phelps fortifies the inguinal canal with a mattress of wire, stretching the muscular layers over it, entirely obliterating the inguinal canal, bringing the cord out underneath the skin, and cutting the aponeurosis of the muscles, so as to prevent strangulation of the cord. One of the serious mistakes made by operators is the ligation of the Frequently retraction takes place of the peritoneum and transversalis fascia, leaving a large surface which is not covered by the fibrous tissue and natural support of the abdominal walls. To obviate this, the sac should be cut off and retracted from the operation precisely as from any other abdominal operation, stitching it to the peritoneum and transversalis fascia with a continued suture of silver wire. Over the transversalis fascia and peritoneum a mattress of fine silver wire is placed, and the deep layers of muscles stitched over it with continued suture of silver wire.—St. Louis Medical Review.

#### A Wonderful Discovery.

Nothing connected with the recent International Medical Congress at Paris has excited more general interest than the demonstration of the anesthetic properties of cocaine, made by Professor Tuffier. The brilliant results produced by this agent promise to make it one of the most notable discoveries of the decade, if not of the ceutury, and it is even predicted that in operations upon the lower extremities it will entirely replace ether and chloroform. While no untoward results have thus far been reported it is too early to say that there will be none. Only the test of time and experience under varying conditions can demonstrate its exact field of useful-

While great credit is due to Professor Tuffier for the development of this method of anesthesia the honor of its discovery must be given to an American, Dr. J. Leonard Corning, of New York, who showed the possibilities of this method in papers published in the New York Medical Journal in 1885 and 1888. Within the past year investigations made by Bier, Oberst, Franck, Sicard, Seldovitch and Mathias have shown something of the possibilities of sub-arachnoid cocainization, but Tuffier has made the most practical use of the knowledge thus obtained by actual clinical use in a large number of surgical cases. Already, as referred to in the September number of the Standard, some work has been done along this line in America, notably by Dr. J. B. Murphy, of Chicago, and Dr. S. Marx, of New York,

who have published articles describing cases in which they have used the method with uniformly happy results. Dr. Marx's report dealt entirely with its use in obstetric practice, in which it seems to fulfill the conditions presented in such cases in an ideal manner.

If this method of obtaining anesthesia shall continue to give the good results thus far reported, without compensating disadvantages, it may prove an epochmaking discovery that will simplify many of our surgical problems. But it must first be tried in a long series of cases, comprising many kinds of surgical disease, under all conditions, before its exact field of usefulness can be determined.—The Medical Student.

#### The United States Soldier's Ration.

"When our troops were sent to the Philippines it was noticed that the cavalry horses could not be induced to eat the hay sent over for their forage. One day a trooper who had been in the habit of feeding his horse sugar noticed that the horse showed evidences of the greatest delight over the sugar, and sugar was tried with the other horses. Just before this, it should be remembered, horses had been dying by the hundred. Then one of the army officers suggested that the horses might eat the hav if molasses were put on it. As soon as this was tried, the horses ate the hay with the greatest avidity, and the sickness disapeared almost as if by magic."

Dr. Seaman, in a paper read before the International Medical Congress, presents the subject in a very strong light, from

which we quote:

"We have about seventy thousand troops in the Philippines, and 60 per cent. are sick because of excessive meat diet. The existing ration, containing so much meat, is one of the most astoundingly wrong things connected with the army in the Philippines to-day. It is more than wrong. It is damnable. I notice that recently an order was issued providing for candy for the soldiers. That order was dictated by common sense. That is what the soldier need—sweets, sugar. Give them chocolate, candy, or sugar, and you'll soon see a large decrease in the hospital list.

"Americans, as a rule, have a poor opinion of the Chinese soldier, but I am prepared to say, after investigation, that he has far greater endurance in tropical climates than our own soldiers on their present diet. The Chinese soldier gets about one pound of meat a week, the remainder of his ration being made up principally of rice and flour. His sustenance and pay together amount to \$5 a month, with no pension, and yet in fighting the Boxers these same Chinese soldiers have exhibited far greater endurance than our own soldiers.

#### By Many Names.

A fire mist and a planet,
A crystal and a cell,
A jelly fish and a saurian,
And caves where the cavemen dwell;
Then a sense or law and beauty
And a face turned from the crod—
Some call it evolution,
And others call it God.

A haze on the far horizon,
The infinite, tender sky;
The ripe, rich tint of the corn fields,
And the wild geese sailing high;
And all over upland and lowland
The charm of the golden-rod—
Some of us call it autumn,
And others call it God.

Like tides on a crescent sea beach, When the moon is new and thin, Into our hearts high yearnings Come welling and surging in; Come from the mystic ocean, Whose rim no foot has trod—Some of us call it longing, And others call it God.

A picket frozen on duty,
A mother starved for her brood;
Socrates drinking the hemlock,
And Jesus on the rood;
And millions who, humble and nameless,
The straight hard pathway trod—
Some call it consecration,
And others call it God.

—William H. Carruth.

## Fournier on the Early Signs of Locomotor Ataxia.

1. Westphal's sign consists in the abolition of the patellar tendon reflex, and is present in two-thirds of the cases.

2. Romberg's sign: The eye is an indirect regulator of motion. It helps to correct deviations in walking and maintains the equilibrium. When a patient is suspected of incipient ataxia, it will often suffice to make him close his eyes when in the erect position to verify the diagnosis. In a few instants his body will oscillate,

and if the malady is somewhat advanced,

he will be in danger of falling.

The "stairs" symptom. One of the first and most constant symptoms of incipient locomotor ataxia is the difficulty with which the patient will descend stairs. If questioned closely on the subject he will say that at the very outset of his malady he was always afraid of falling when coming down stairs.

The manner in which a patient crosses his legs is often significant. In the normal state, a man when performing the act lifts one leg simply to the height necessary to pass it over the other, whereas, in the affection under consideration he lifts it much higher than necessary, describing a large segment of a circle.

5. Walking at the word of command. The patient seated is told to get up and walk instantly. After rising he will hesitate, as if he wanted to find his equilibrium before starting off. If while in motoin he is told to stop short, his body, obeying the impulsion, inclines forward as if about to salute, or, on the contrary, jerks himself backward in order to resist the impulsion forward.

The patient is asked to stand on one leg, at first with his eyes open, afterward closed. Although man is not made for this position, yet he can balance himself pretty firmly for a little while. The ataxic will experience a great deal of difficulty, and will instinctively call to his aid his other foot, so as not to fall. If his eyes are closed, he will not be able to stand one instant, and if not held, would fall heavily to the ground.

These symptoms will frequently not be all present, but they should all be sought for in order to avoid an error which might have grave consequences.—Lancet Clinic.

#### Female Spermatozoic Immunity.

There is something startling in the suggested possibilities involved in recent experiments by Metschnikoff regarding a serum method of securing immunization against spermatozoa. And yet, if we look upon the individual cells of an animal as essentially independent units, and upon bacteria as animal in character, the span from bacterial immunity to physiological celular immunity becomes quite short, and the analogy between the two seems natural and close. Skutsch (Fortschritte der Medicin, May, 1900), says, reviewing an article by Moxter (Deutsch Med. Woch., 1900): "Since it has been found possible to immunize the lower animals by the use of a specific serum, not only against bacteria, but also against physiological elements, e. g., white corpuscles, milk cells, erythrocytes, ciliated epithelia, etc., the question has arisen, What is the normal relation of the organism to the spermatozoa, and is the relationship changed when spermatozoa have been taken into

the body by resorption.

"According to Metschnikoff, sheep spermatozoa in normal salt solution, injected into the peritoneal cavity of a guinea pig. lose their mobility very much more quickly if the guinea pig has been previously subjected to a hypodermic injection of sheep spermatozoa. The sperm cells are not dissolved, and hence we have to do, not with a spermatolytic, but with a spermatocidal process. The blood of the injected animal is not the functionating Spermatozoa brought into contact with the serum of normal animals and with that of animals treated with sheep serum lose their mobility in each instance in from two to six minutes. On the contrary, when the serum of animals, treated as described, is injected into the peritoneal cavity of normal animals, a stronger spermatocidal effect is observed than when the serum of normal animals is used. periments upon animals have shown that the immunizing serum seems to have no special effort upon other cells, except that it has a strong hemolytic action upon the blood corpuscles of the sheep.

"The antagonistic agent contained in the immunizing secretion has not only a destructive action upon the spermatozoa, but also a specific hemolytic action. Its affinity for the spermatozoa is greater than for the blood corpuscles, for when spermatozoa and blood corpuscles are added to the serum, the latter are not affected at all. Its affinity, however, for the spermatozoa of animals other than the sheep is

comparatively very slight.

"In addition to the properties already named the serum has the specific property of causing the agglutination of the spermatozoa of the sheep."

It is not clear from the above whether Metschnikoff, in stating that "the immunizing serum" seems to have its peculiar effect upon the sheep only, refers to sheep serum or that of other animals.

It is quite plausible that the spermatocidal effect might apply only to animals of the same species, while its failure, when crossed to different species, would not offer an apriori invalidization. But it certainly would not appear plausible that this immunization takes place only in sheep, and not in other animals treated with a similar serum obtained from their own class. It is a long way from what has been accomplished to the determination of the thousand and one questions intermediate between this and that of final immunity of the ovum against spermatozoic influence.

The work already performed is nevertheless of profound interest, and much further light does not seem difficult to obtain.—Obstetrics.

#### Botulism.

E. Levy and F. Klemperer ("Elements of Bacteriology," 1900), under the term botulism, describe a new form of infection which has been identified by Van Ermengem and Ellezelles as the cause of meat poisoning. It is said to be due to the bacillus botulinus. Under the designation of meat poisoning are included two entirely distinct symptoms complex which should be rigidly differentiated from each The one variety which is gastrointestinal, closely resembles cholera nostras, being a simple hemorrhagic gastro-enteritis. These disturbances of the intestines arise from ingestion of decomposed meat, or meat taken from diseased animals. In most cases of this kind the exciting agents are bacteria of the colon or proteus group.

The second variety is identical with socalled sausage poisoning, and is characterized by nervous symptoms of central origin, secretory and motor disturbances, dryness and redness of the mucous of the mouth, dyspepsia, membrane accommodahoarseness, paralysis of tion, and mydriasis. For this form of the disease the designation meat poisoning should no longer be employed, and it has been given the name botulism. Botulism may arise after the ingestion of special kinds of sausage, salt fish, smoked meat, and preserved meats of various kinds. These articles of food are intended for consumption after a considerable length of time, and by reason of their preparation are especially liable to undergo a fermentative process. It is, therefore, these kinds of food that give rise to the typical varieties of this intoxication.

The bacillus botulinus is a large, slightly motile rod, from four to six micro-millimeters long, with rounded extremities, and from four to eight flagella. It is a spore-forming bacillus and is readily stained by Gram's method. The organism is strictly anerobic, cultures retaining viability for more than a year if kept at a temperature below 86 degrees Fahrenheit. It is easily destroyed by carbolic acid and by temperature exceeding 105 degrees Fahrenheit.—Medicine.

Dr. H. W. Hill, bacteriologist of the Board of Health, has, according to report, completed an examination of two cultures received from Johns Hopkins University, sent to Baltimore from the University of California, and which were taken from a Chinaman who was supposed to have the bubonic plague. Dr. Hill developed the cultures and inoculated a white rat. The rat died in three days. Afterward the bacilli were taken from the tissue, and the results obtained were typical of bubonic plague. Dr. Hill has forwarded to the University of California his opinion that the bacilli are those of bubonic plague.-Journal of the American Medical Association.

#### Census Figures Story—Bulletin Issued on Cities of 25,000 or More.

The Census Bureau, in a bulletin, summarizes the returns of population of cities having 25,000 inhabtiants or more in There are 159 of these, and the bulletin shows that the percentage of increase in population from 1890 to 1900 was 32.5, as against 49.5 for the same cities in the previous decade. The absolute increase in population from 1890 to 1900 was 4,839,136, or 82,426 less than the absolute increase from 1880 to 1890, when it was 4,921,562. The 159 cities combined have a population in 1900 of 19,694,625, against 14,855,489 in 1890, and 9,933,-927 in 1880. Of these 159 cities, divided into four classes, 19 had 200,000 and over, 19 had 100,000 and under 200,000, 40

had 50,000 and under 100,000, and 81 had 25,000 and under 50,000.

In 1880 there were only 20 cities which contained more than 100,000 inhabitants, but in 1890 this number had increased to 28, and in 1900 to 38.

The following States and Territories in 1900 do not contain any city with a population of 25,000 or more: Arizona, Idaho, Indian Territory, Mississippi, Nevada, New Mexico, North Carolina, North Dakota, Oklahoma, South Dakota, Vermont and Wyoming. Nebraska is the only State in which the combined population of the cities contained therein show a decrease from 1890 to 1900.

Some idea of the enormous growth in numbers and importance of the hospitals of the United States is given in a paper read by D. T. Sutton at the meeting of the Association of Hospital Superintendents recently held in Pittsburg. Within three years, we learn, \$245,000,000 has been spent in the United States in the erection and equipment of new hospitals, in enlarging and improving old hospitals and in general expenses. Over 1,000 new hospitals were built, a gain of 65 per cent. The approximate cost of these buildings was \$50,000,000. There are to-day about 2,500 hospitals and asylums proper in the United States. These employ about 65,-000 persons in various capacities. hospitals pay yearly in salaries about \$23,-332,000. Over 1,600,000 patients are annually treated and 37,500 physicians attend them. In all of the hospitals there are 300,000 beds.—Medical Standard.

#### A Cast-Iron Stomach.

On March 16th, Dr. Wm. S. Halstead, at the Johns Hopkins Hospital, performed gastrotomy, removing from the stomach of a man who had been in the habit of swallowing nails, tacks, glass and similar arti-An inventory of the contents of the stomach showed: Seventy-two nails, iron and wire, one to one and one-half inches long; nineteen wire nails, four inches long, with large heads; one pocket-knife, seven knife blades, one about threefourths of an inch wide; nine horseshoe nails, four inches long; eight screws, two and one-half inches long; eleven pins of ordinary size; two screw-eyes; forty-nine tacks, some with very large heads; one small staple; twenty-five grains of ground glass; four brass watch chains with catches and stays, and twelve and one-half feet of three-eighth inch iron chain.—

Journal of the American Medical Association.

#### He Giveth them Peace.

"Swift pass the days. Our century slowly dies, Quick beats her pulse and filmy are her eyes. Her flowing robes are red with countless wars, Her tender breasts are sad with many scars; Yet in her dying eyes prophetic glows Some sweet prediction of a world's repose.

Lo, at her side the coming sister stands, And bends to hear, and folds those wasted hands. What shall I bring which thou hast failed to find? What nobler hope have I to give mankind? Hark! From the lips where life had seemed to

Comes the low murmur: 'Thou shalt give them peace.'"

-Dr. S. Weir Mitchell.

#### Apothegms.

Osler's caustic characterization of the unnecessary typhoid fever plague: "This is God's country, with man's back yard and the devil's cesspool."

Salis populi suprema lex.

#### Damages Demanded for Smallpox.

Peter Hagee, of Plainfield, Ind., has presented to the Commissioners a claim for \$6,000. A domestic in Hagee's house was attacked with the smallpox and a quarantine was established. The quarantine kept him from removing the children to a place of safety and they contracted the disease, which left them scarred. He also thinks he should be paid for household goods destroyed and for nursing the domestic. The claim was refused, but we shall await with considerable interest further developments in the case.

We fail to see the justice in requiring this man to stand all the loss incurred, inasmuch as it might have been saved to him had the Commissioners provided a proper place for the care of patients sick with contagious diseases. A few suits like this may convince the "penny wise and pound foolish" Councilmen and Commissioners of the country that contagious disease hospitals are good things, and that in building them they are not "wasting wantonly the money of the dear public."—Dr. Miles F. Porter in October Ft. Wayne Medical Journal Magazine.

#### In Lighter Vein.

#### WHEN PAPA'S SICK.

When papa's sick, my goodness sakes! Such awful, awful times it makes. He speaks in G, such lonesome tones, And gives such ghas'ly kind of groans, And rolls his eyes, and holds his head, And makes ma help him up to bed: While Sis and Bridget run to heat Hot-water bags to warm his feet, And I must get the doctor quick—We have to jump when papa's sick.

When papa's sick ma has to stand Right 'side the bed and hold his hand; While Sis, she has to fan and fan, For, he says, he's a "dyin' man," And wants the children round him, to Be there when "suffering pa gets through." He says he wants to say good-bye And kiss us all, and then he'll die; Then moans, and says his "breathin's thick"—It's awful sad when papa's sick.

When papa's sick he acts that way
Until he hears the doctor say:
"You've only got a cold, you know;
You'll be all right in a day or so."
And then—well, say, you ought to see—
He's different as he can be,
And growls and swears from noon to night
Just 'cause his dinner ain't cooked right,
And all he does is fuss and kick—
We're all used up when papa's sick.—Ex.

#### HE SAVED THE GOLD.

Surgeon-General Sternberg, of the army, according to the Medical Bulletin, says that when he was going into the battle of Bull Run the Irish sergeant-major of his regiment came to him with a big bag of gold coin weighing three or four pounds, and said:

"Doctor, I know that I'm to be kilt entirely, an' I want you to take care of this money an' see that it gets to the ould folks at home."

There was no time for remonstrance, or to make any other arrangement, and, dropping the bag into the surgeon's lap, the Irishman hurried away to his place at the head of the column. All through two bloody days Dr. Sternberg carried that bag of gold with his surgical instruments, and it was a burden and embarrassment to him. He tried to get rid of it, but couldn't find any one willing to accept or even to share the responsibility, and he couldn't throw it away for the sake of the "ould folks at home."

Toward the close of the second day the surgeon was taken prisoner. He lost his

surgical instruments and his medicine case, but clung to the gold, and making a belt of his necketie and handkerchief, tied it around his waist next to his skin to prevent its confiscation by his captors. During the long, hot and weary march that followed, the gold pieces chafed his flesh, and his waist became so sore and blistered as to cause him intense suffering, but he was bound that the "ould folks at home" should have the benefit of that money. and, by the exercise of great caution and patience, managed to keep it until he was exchanged with other prisoners and got back to Washington. There he found his regiment in camp, and one of the first men to welcome him was the Irish sergeant-major, who was so delighted to learn that the doctor had saved his money that he got drunk and gambled it all away the first night.

#### THE NURSE OF DICKENS' DAYS.

Fifty years ago Dickens gave a description of what may be regarded as a typical nurse of that day. Of Sairey Gamp he says: "She was a fat old woman. this Mrs. Gamp, with a husky voice and a moist eye, which she had a remarkable power of turning up and showing only the white of it. Having very little neck, it cost her some trouble to look over herself. if one may say so, at those to whom she talked. She wore a very rusty black gown, rather the worse for snuff, and a shawl and bonnet to correspond. In these dilapidated articles of dress she had, on principle, arrayed herself time out of mind, on such occasions as the present. face of Mrs. Gamp, the nose in particular, was somewhat red and swollen, and it was difficult to enjoy her society without becoming conscious of the smell of spirits. Like most persons who have attained to great eminence in their profession, she took to hers very kindly—and she went to a lying-in or a laying-out with equal zest and relish."

"So you have twins at your house, Johnnie?"

"Yes'm; two of 'em."

"What have you named them?"
"Thunder and Lightning, ma'am."

"What very singular names!"
"Yes'm; that's what pa called 'em as soon as the doctor brought 'em."

# MEDICAL OURNAL.

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#### The Indianapolis Meeting of the American Public Health Association.

The twenty-eighth annual meeting of this beneficent organization was a success in every way that could be desired by the members of the society and the citizens of Indianapolis.

The laboratory meeting at the Central Hospital for the Insane was held in the amphitheater of the Pathological Department. The facilities presented by Dr. Edenharter, the superintendent, for the comfort and entertainment of the sections were perfect, as is every effort of Dr. Edenharter's for the enjoyment of the medical profession. The weather was the perfected type of October Indian summer. The entertainments provided by the various committees of physicians and citizens were highly appreciated and the conveniences presented by the German House were said by the guests to be superior to those they had enjoyed at any previous meeting.

As a sample of the reception given by the secular press of the city—the Journal and Sentinel for the morning papers and the News, Press and Sun for the evening —we quote the editorial of the News, in their Wednesday issue, under the heading of "A Distinguished Body:"

"There are few days in the year when Indianapolis is not entertaining a convention of some State or National body. The result is that the city frequently has important gatherings, attended by eminent men, whose fame and prestige are almost entirely overlooked by our citizens. example, few of our people, except those directly interested, appreciate the importance of the convention of the American Public Health Association now here. This association is a notable one, and its annual meetings are deemed of such worth by physicians that men travel thousands of miles, from all parts of the United States and from distant cities of Mexico and Canada, to attend a session, lasting less than a week.

"Much has been accomplished by this association for the promotion of sanitary science and medicine. The association maintains standing committees on the pollution of public water supplies, car sanitation, etiology of yellow fever, relation of forestry to the public health, cause and prevention of infectious diseases, public health legislation, cause and prevention of infant mortality, municipal sanitary administration, and on other subjects of equal importance to the public. committees are composed of men eminent in their profession, and the good resulting from their investigations and reports is inestimable.

"Among the delegates are men of international prominence-men noted for important discoveries or for the authorship of books held in high esteem by the profession. Dr. Theobald Smith, of Boston, president of the bacteriology and chemistry section of the association, has an international reputation as a sanitary expert; Dr. Wyatt Johnson, of the faculty of McGill University, Montreal, is the discoverer of the method of typhoid diagnosis by blood analysis, now in general use; Dr. E. P. Lachapelle, of the French University, of Montreal, is the health officer for the entire province of Quebec; George W. Fuller, of New York, chairman of the Committee on the Pollution of Public Water Supplies, is a recognized authority on water supply; Dr. Euardo Liceaga, of the City of Mexico, is the president of the Mexican Board of Health, and one of the eminent physicians of that country; Dr. Ernest Wende, of Buffalo, as the health officer of that city, has done more to reduce the mortality rate than any other man Buffalo has ever had in that capacity. These, and others of equal prominence, make up the personnel of this convention which honors Indianapolis with its presence."

#### Tuesday, October 23d.

When the twenty-eighth annual convention of the American Public Health Association was called to order at 10 o'clock Tuesday, October 23d, the delegatesabout 150—were surprised and delighted with the arrangements which had been made for their comfort and enjoyment by the directors of the German House. spacious and handsome auditorium, in which the morning session was held, was profusely decorated with flags, palms, ferns and flowers, and these were the subject of admiring comments on all sides. These conventions have been held in larger cities than Indianapolis, but the delegates unite in the declaration that never before have they been greeted so heartily or entertained so royally as in Indiana's capital.

The officials of the German House have vied with the local Entertainment Committees, of which Captain W. H. Armstrong is president and Dr. John N. Hurty secretary, in making the most complete arrangements possible for the adequate reception and entertainment of such a distinguished body of visitors. The gentlemen mentioned have had the untiring services of a host of local men and women whose united efforts have brought forth such splendid results that the statement is amply justified: "Indianapolis has done herself proud in the matter of receiving the American Public Health Associa-Each member of the Entertainment Committees, as well as each officer, has seemed filled with a twofold purpose of causing the delegates to have a good time during their sojourn in the city and of adding new lustre to the city's prestige as a generous hostess.

Captain Armstrong welcomed the visitors in a brief but happy speech, in which he said:

LADIES AND GENTLEMEN-Your coming together in this way has for its purpose the proper consideration and dispatch of the business before you. I fully appreciate its importance and or your time and only desire to say a word for the committee representing our cicizens in the work of preparing for your coming.

Its membership represents in equal numbers the medical society of this county and the Commercial Club, the two largest associations of their respective classes, augmented most pleasantly and efficiently by a committee of ladies who represent the woman's organizations of this city, and who especially desire to greet and make pleasant the visit of your ladies who honor us with their presence.

The work of making ready for your coming so that you might transact the business before you in the most comfortable and satisfactory manner and have some interims of refreshment and recreation has been to all of us a labor of love, for we fully realize how noble the cause in which you are enlisted and honor

you for the record made in it. .

I am authorized to tender the compliments and best wishes of each individual member of our committee and place them at your service during your stay in our city. If you do not use them they may feel neglected. Wherever and whenever you see the wearer of a blue ribbon committee badge fail not to give the wearer the pleasure of being of use to you. They will have failed in their desire if you go away without feeling that we have made your visit pleasant.

We of the committee have had you in our minds a sufficient time to feel a sort of kinship, and you thus have a place in our hearts

on which you can draw without limit.

The whole people of our city and State have been waiting for this time to welcome you, and their highest representatives in the persons of the chief executive of the State and of the city are here to voice their welcome. I have the great honor of presenting Governor James A.

Following Captain Armstrong, Governor Mount extended a cordial greeting to the members of the association on behalf of the State of Indiana:

It affords me pleasure to greet and to welcome to Indiana the American Public Health Association. The warmth of the welcome to an association finds its inspiration in the good deeds of that body. Measured by such standard, this convention will find in the hearts of the people of this city and this commonwealth a most cordial welcome. No science has made greater progress than sanitary science; no profession greater achievements than the medical profession: no field of investigation and study offers broader opportunities than that which prevents contagion, improves health conditions and heals the sick. Indiana has not been unmindful of these important conditions. At the disposal of the executive, through and with the advice of the State Board of Health, \$50,000 is provided as an epidemic fund. Laws restricting the practice of medicine, and provid-ing who shall act as pharmacists, have been enacted as safeguards to the life and health of the people. Carlyle said: "There is no kind of achievement equal to perfect health. What to it are nuggets and millions?" Sir William Temple well said: "Health is the soul that animates all the enjoyments of life, which fade and are tasteless, if not dead, without it. Without health a man starves at the best and greatest tables, poor and wretched in the midst of the greatest treasure and fortunes."

"Reason's whole pleasure, all the joys of sense Lie in these words, nealth, peace and competence."

"Truly, 'All that a man hath will he give for his life."

However much we may differ as to the paramount issue in the political arena, surely we are agreed that in the great drama of life, in all temporal affairs, health is of transcendent

importance.

The growing population of our cities, the contamination of our lakes and rivers through the waste and sewage of our cities and towns, will call forth the wisest provisions of law to maintain good sanitary conditions. A multitude of questions involving hygienic problems are daily coming to the front for solution. In these questions we are all deeply concerned. We rejoice in the work of the American Public Health Association. Your discussion of things vital to public health must result in better methods of combating and preventing infections or contagious diseases. We look upon your work with favor, and in full appreciation cordially greet you. Your souventre badges will remind you that in the capital city of our great State stands a silent monitor, massive, grand and eloquent in its silence. It speaks for our sleeping brave. The State that honors her patriot dead will always have herees to fight the country's battles.

roes to fight the country's battles.

Coming, as you have, from all parts of the United States, of Canada and Mexico, to this beautiful inland city, you must have observed its accessibility. Now that you are here, we hope you will be charmed with its happy homes, its churches and schools, and, more than all, by the hospitality, intelligence and kindly spirit of our people. Here in this city and in this State you will find a cosmopolitan spirit that will make you feel as one with our The deliberations of your convention will doubtless diffuse information on the important question of public health. I trust you will also carry away with you many pleasant recollections of this State, its resources, its growth, its possibilities. It will be pleasing, indeed, to have you visit our schools, normals, colleges and universities; our penal, reformatory and charitable institutions; our great in-dustries and our fertile farms. We are proud of all these, but our boast is not of wearin and products great, but of men and women of high estate. The longer you sojourn in our midst and mingle with our people, the better will you understand why this city is a Mecca to which journey conventions, that they may feel the inspiring touch of warm-hearted cordiality

and genuine progress.

Trusting God's blessing will be upon you and the loved ones from whom you are absent, and that your convention will be harmonious and profitable, I now, in behalf of all our people,

bid you a most cordial welcome.

The names of fifty-three new members the names of fifty-three new members were presented to the association and voted upon for admission. Those selected to membership from Indiana were: Dr. Franklin W. Hays, Mr. George Bryce, Dr. Edmund C. Clark, Miss Hester M. McClung and Dr. Rachel Swain, of Indianapolis; Dr. Earl Proegler, Wayne; Dr. George F. Glover, Evansville; Dr. Hugh A. Cowing, Muncie; Dr. T. Henry Davis, Richmond, president Indiana State Board of Health; Dr. A. W. Bitting, Lafayette, chief veterinary department Purdue University, and Dr. Wm. J. Fairfield, Anderson.

Dr. J. Brena, of Zacatecas, Mexico, read a very interesting and learned paper on the "Importance of Hygienic Principles." The value of sanitation as applied to railroads was discussed by Dr. Domingo Orvanavos, member of the Mexican Superior Board of Public Health. Owing to the inability of Dr. S. H. Woodbridge, of the School of Technology, of Boston, to be present, his report as chairman of the Committee on Car Sanitation was read by Dr. J. N. Hurty. The report proved so valuable that by unanimous vote of the delegates it was ordered printed for general distribution among railroad officials. Dr. Hurty recommended the commencement of an agitation in favor of the use of white blankets instead of colored on sleeping cars, declaring that if white blankets were in use their dirty condition would be easily detected.

Dr. Doty's paper on "New Quarantine Methods and Changes Which Are Called for in Marine Sanitation" was read by Dr. Horlbeck, of New York, in the author's absence. Dr. Doty took very advanced ground on the subject, his main contention being that there should be less fear of infection through cargoes, clothing and baggage and that more attention should be paid to the personnel of the ship's passengers and crew. The author of the paper also said that there is no reason why commercial interests should not be considered along with the consideration of public health in quarantine matters.

The afternoon session of the association was held in the amphitheater of the German House, which was comfortably filled with delegates. The first paper was the report of the committee selected by last year's convention to investigate the cause

and prevention of infectious diseases, read by the chairman, Dr. A. Walter Suiter, of Herkimer, N. Y. Dr. Suiter declared that smallpox is on the increase, and cited copious statistics to prove his assertion. He added the pleasing assurance that the death rate from this plague is decreasing. He said, however, that this latter fact must not be viewed too optimistically, because smallpox is certain, if an epidemic of it continues long enough, to develop its greatest degree of virulence. He referred to the many names by which this disease in its various stages is erroneously designated, and said that such names had often deceived whole communities in neglecting proper safeguards against an epidemic. Dr. Suiter proved the value of sanitary precautions and vaccination by citing the fact that Porto Rico, since the United States has dominated its government, has got rid of smallpox, which, before the war, was very prevalent in the island. doctor also discussed scarlet fever, malaria and typhoid fever, and declared himself a believer in the theory that germs of malaria are transmitted by mosquitoes. discussing typhoid fever, Dr. Suiter referred to Dr. Vaughan's declaration that more than 80 per cent. of deaths among American soldiers in the Spanish war were caused by typhoid fever, and emphasized the necessity of cleanliness about military camps. Dr. Suiter touched also upon the dreaded bubonic plague, and gave the interesting information that it made its first appearance on the Western continent at a port on the coast of Brazil in October, 1899. He said that he did not anticipate a scourge of the disease, but urged great sanitary precautions. The doctor asserted that the famed Asiatic cholera had met its Waterloo at the hands of science, and he believed other plagues would encounter a similar fate.

By special courtesy of the convention, manifested through unanimous vote, Dr. Walter Reed, an eminent surgeon of the United States army, was granted time in which to read a paper containing results of some investigations of infectious diseases in Cuba, made under the direction of Surgeon-General Sternberg. Dr. Reed's paper proved so fascinating that when the twenty minutes' time limit expired another vote was taken and resulted in an extension of time being granted him—a favor which is very rare in this august

body. Dr. Liceaga was not able to attend the convention, and his papers, "Ninth Report on Yellow Fever in Mexico" and "The Jenner Vaccine Well Preserved and Carefully Protected as a Permanent Preservative Against Smallpox," were ordered referred to the Committee on Publication. Other papers read and discussed Tuesday afternoon were:

Report of the Committee on Etiology of Yellow Fever, by Dr. Henry B. Horlbeck, chairman, who is health officer at Charles-

ton, S. C.

"The Influence of Temperature on Vaccine Virus," by Dr. F. W. Elgin, of Philadelphia.

"The **Prophylaxis** Only Certain Against Smallpox Is Human Vaccine, which, if Well Inoculated, Does Transmit any Infectious-Contagious Disease, or Leave any Predisposition to Disease," by Dr. Salvador Garciadiego, of Guadalajara, Jalisco, Mexico.

"Prophylaxis of Human Vaccine; Its Advantages and Disadvantages," by Dr. Francisco P. Bernaldez, of Mexico City,

Mexico.

"Newark's Diphtheria Antitoxin Plant; Its Results and Cost," by Dr. H. C. H. Herold, president of the Newark, N. J., Board of Health.

The public meeting of the Health Association in the auditorium of the German House Tuesday evening was a brilliant af-On account of the announcement that the addresses of welcome were to be followed by a reception and dancing most of the men present were in evening dress and the women wore handsome evening gowns. The auditorium was brilliantly illuminated and the decorations, which were of natural palms and ferns, were very rich and beautiful. Music was furnished by Hart's orchestra.

The exercises were opened with prayer by Rev. Louis Brown, rector of St. Paul's Episcopal Church, after which Dr. Bryce, president of the association, introduced General Harrison, who welcomed the delegates on behalf of his fellow-citizens. Gen-

eral Harrison spoke as follows:

Sometimes the local committee unduly interrupt your more profitable discussions to give an exhibition of what we call local talent, such as our friend here, the minister to Austria (laughter), or to make a display of historical fossils. (Renewed laughter.) The welcome that I extend to you on this occasion is purely unofficial, but none the less hearty. 1

hope you have not found us "sinners above all men" against the laws of health. Your inspection will probably be of the "personally conducted" variety where one sees only the attractive things. Dr. Hays, I am sure, would show discretion, but Dr. Hurty, I fear, will in the interests of cold science show you all that is bad in the city. But at least you will, I am sure, find us intelligently alive to sanitary science and to our own needs. We are a healthily busy people, but take a good deal of time for thinking and have a good-sized fraction to spare for suitable attentions to distinguished guests. You gentlemen are working on right lines disinterestedly and scientifically, though long life is not always a blessing to man. Sensitive souls and stomachs have squirmed a little at the disclosures made by your investigations. We have been afraid of large things—of Indians, grizzly bears, mad dogs and other things which we could either shut out or shoot, but you have disclosed to us that our internal organs are all the happy hunting grounds of invisible but fatal microbes, and that the war between good and evil is as truly being fought in the liver as in the conscience. We give you honor. We do not doubt that there are some here to-night who make a pursuit of this science that shall astonish the world. In all such achievements the citizens of Inquanapolis rejoice. We are not as bustling as New York and we have time, most of us, to stop and think, and we have a heart and mind to enjoy and commend every great work.

Dr. Bryce presented the next speaker, A. C. Harris, United States Minister to Austria, who made one of his characteristically happy addresses. At the outset Mr. Harris disclaimed being at the meeting in his official capacity, saying:

I am not here to-night as the representative of aught less than the good wishes of all the good people of the city of Indianapolis, and certainly when one goes abroad, as some of us do sometimes—indeed, I think nearly all the people of Indianapolis were abroad this year—I met most of them on the other side—when one does go abroad and stay awhile and then comes home he feels like he is coming home and like he would like to have everybody else visit him in the city, and in that spirit I am sure I voice the feeling of every citizen of this city to-night when I say this city and each and all extend a hearty welcome to all these good people who have come here to hold their meetings within our city,"

Mr. Harris then launched into a brief discussion of the progress of sanitary science and praised the work of the association. In conclusion he said:

You are not citizens of one country or of another, although these flags here show you are close together—citizens of two countries speaking one tongue—but in science, in this higher level of medical science, there is but one world and that is an empire and in it all men in all professions shall devote themselves to the

higher and better thought as you have. I bid you welcome. I bid you God speed and I glory in your success.

Before President Bryce read his annual address he said that he desired to present to the audience Dr. Chico, of Guanajuato, Mexico. Dr. Chico is a remarkably fine looking man, tall and of impressive appearance. His English was so broken that much of his speech was not intelligible to the audience. He extended a greeting on behalf of his native country to the two sister nations, the Dominion of Canada and the United States. In his address the speaker gave to the world the assurance that the Mexicans will fight no more battles except in the cause of civilization. . Dr. Chico closed his address in the unique Mexican fashion, which curiously enough resembles that of the Ama Zulu people, of which so much is read in African remances, by the words, "I have spoken."

The annual address of President Bryce was a very voluminous document. He sketched in detail the progress of sanitary science from its birth to the period of the Rennaissance down to the present time, and declared that scientific workers ought to take courage from what they have seen accomplished in this century, even though it is "but a stone in the edifice." The address will be printed in full in the proceedings of the association. At the conclusion of the speeches the auditorium was cleared for dancing, which continued until a late hour.

#### Wednesday, October 24th.

The forenoon session of the American Public Health Association was taken up with a discussion of public water supplies. George W. Fuller, of New York, chairman of the Committee on Pollution of Public Water Supplies, read a paper on the subject, including in his report a paper by R. S. Weston, as to what constitutes a satisfactory supply under present conditions. Extracts from the papers are as follows:

(1) It shall be free or substantially free from disease-producing germs; (2) it shall be clear and colorless, containing no noticeable turbidity or vegetable stain; (3) it shall be free from objectionable tastes and odors as supplied to the consumer; (4) it shall be free from noticeable amounts of dissolved fron, such as to unfit it for household use; (5) it shall be free from excessive amounts of lime and magnesia, such as make a water too hard for ordinary

use; (6) it shall be carefully examined with regard to constituents capable of dissolving metals used in distributing pipes, and this in-formation in conection with the pipes employed should result in such steps as are necessary being taken to guard against complica-

tions of this nature.

At the present time there is a considerable portion of the inhabitants of the various centers of population which recognizes clearly that they are entitled to a water supply which shall not transmit to them water-borne disrecently water-works officials Until answered criticism concerning the quality of the water by the statement that it was un-profitable for them to secure a supply which in its natural condition was perfectly satisfactory, and that there was not enough in-formation concerning purification processes as to cost and efficiency to justify large expenditures.

The truth and significance of these statements to upply of unpolitted, clear and colorless water will increase each year. With regard to methods of water purification the day has gone by when this statement alone can properly be made. The current evidence indicates that as a general rule the surface waters for the future supplies of the country should be taken from as unpolluted sources as practicable, and should be properly purified, including clarification and decolorization; that ground waters should be free from dissolved iron if present beyond slight amounts.

The matter of wastefulness of water, especially in cities, was the point upon which Rudolph Hering, of New York, talked, saying in part:

Our consumption in our cities is much greater than almost anywhere in Europe. It is hardly understood over there how this can be possible. We here know why this is so. It is not because we actually use very much water that we account for its discrepancy. The chief reason lies in the fact that we are more careless than in Europe. We allow our fixtures to leak, our pipes are not laid as well here as there. Besides, the figures given in reports of water boards do not represent the proper amount of consumption. There is no doubt the waste in consumption may be decreased gradually and brought to something near what it should be. The legitimate consumption here, as in Europe, is constantly increasing. Small manufacturing concerns have increased the consumption of water.

When it is recommended to purify a water supply, there comes the objection of expense, which attends purification works. It is said, Why not reduce the quantity of water immediately? You cannot suddenly change the habits of a people; you cannot at once pull up the pipes in a city and make repairs. In the meantime you are obliged in this country, from a political standpoint, to estimate the cost of works to purify these large amounts of water. In New York City 115 gallons of water is allowed per day to each head of population. In Philadelphia 150 gallons per day per head is

recommended for filtration.

F. A. W. Davis, of the Indianapolis Water Company, brought out a number of points relative to the laws which permit of the pollution of streams from which water supplies are taken and those requiring the purveyors to furnish pure water. He said in part: "The committee calls attention to the advancement in methods of purification of water, but it does not, in my judgment, emphasize the importance of keeping the streams from which the supply must be taken from being polluted. Water purveyors agree with the committee, but they believe that an ounce of prevention is worth a pound of cure, and that it is expecting too much of the water purveyors to furnish an ideal water when the city and manufacturers throw into the streams from which the supply is obtained, germs of death-producing disease." He quoted from a recent decision of the Supreme Court, and added: "If the law thus protects an individual in his broad acres, how much more important is it that it should protect streams from pollution whence water is drawn for the use of the inhabitants of the State?"

John W. Hill, in speaking of surface water, said the cost of a supply filtered and made free from disease germs would be so great as to make the extensive use of water prohibitive to many, and that the stopping of the waste would permit in cities the construction and operation of purifying plants and yet not greatly increase

the cost of the supply.

H. W. Clark, of Springfield, Mass., and C. Monjeau, of Middletown, O., were also prominent in the discussion. Mr. Monjeau said the matter of pollution of water was shown in the hieroglyphics on the tombs of the Pharaohs.

#### Thursday, October 25th.

The morning session of the Public Health Association in the amphitheater of the German House yesterday began with the transaction of business. Treasurer Henry D. Bolton, of Brattleboro, Vt., made his report, which showed the finances of the association to be in excellent shape.

The laboratory section elected Professor Wvatt Johnson, of Montreal, its president, to succeed Dr. Theobald Smith, of Boston. Professor E. O. Jordan was elected vice-president; G. C. Whipple, secretary;

H. D. Pease, recording secretary, and Drs. Theobald Smith, W. R. Stokes, E. A. Descharvernitz, V. A. Moon and F. C. Abbott were chosen to compose the council. A valuable paper entitled "Some Hints About Malaria" was read by Dr. Jesus Chico, of Guanajuato, Mexico. Dr. Chico declared this disease to be the scourge and the dread of all warm countries, and attributed its spread to the mosquito.

"Woman's Sanitary Work in Indianapolis" was the subject of an instructive thesis by Miss Hester McClung, of Indianapolis. The report of the Committee on Disinfectants was read by the chairman, Professor F. C. Robinson, of Brunswick, Me. Dr. Benjamin Lee promulgated the report of the committee selected to define what constitutes an epidemic. "A Suitable Dress for Defense Against Infectious Disease" was the title of an interesting paper read by Dr. John H. S. Fulton, of Baltimore. Dr. H. M. Bracken read the report of the Committee on a National Leper Home.

The papers read and discussed at the afternoon's meeting of the Public Health Association were with scarcely a single exception on subjects of general interest, making the session one of the most profitable of the series thus far held. Mr. M. F. H. Newell, government hydrographer, contributed a paper showing some results of the investigation of stream pollution which has been made by the United States Geological Survey, of which he is a mem-Mr. Newell said that the Government, realizing the importance of public water supplies and their conservation and protection against pollution, has established a special division or branch of the geological survey under the title of Board of Hydrography. Its duties are to ascertain the amount of water flowing in the various important streams in different parts of the country, to survey reservoir sites, examine geological conditions which govern currents of water under ground and to prepare maps and charts showing the depth at which water can probably be had in different localities. Mr. Newell referred to the work of this kind, which, he said, is being done with rare delicacy and thoroughness under the direction of Dr. Charles O. Probst, of Ohio, secretary of the association. The speaker declared that engineers and sanitarians everywhere are bringing to the public attention the great importance of guarding and conserving sources of municipal water supplies, and said that it is the object of the Government Geological Survey to be prepared at all times to answer as far as possible all questions having to do with the public welfare and comfort.

Dr. D. E. Salmon, director of the Government Bureau of Animal Industry, followed Mr. Newell with an exhaustive, yet highly interesting paper, which was the report of the Committee on Animal Diseases and Animal Food. The first disease the committee called attention to is glanders, which Salmon, the chairman, said is easily communicable and very fatal to man. He urged the importance of careful observations being made of this malady, in view of the fact that serum for use in the treatment of many human ailments is obtained from horses. The doctor said that army horses are peculiarly liable to contract the disease, especially in time of war, on account of the extra exertion and frequent lack of full rations during such periods. He roundly condemned the carelessness of the United States Government in the matter of providing skilled and trained veterinarians in the army, saying that this is the only civilized country on the globe that does not have an orand commissioned veterinary service to guard the health of its horses. The speaker said the present veterinary service is distributed in the form of civilians among cavalry regiments and there is no organized head. Dr. Salmon also took up the subject of rabies, commonly known as hydrophobia, and emphasized the importance of active measures looking to the stamping out of the disease. He cited statistics of many outbreaks of rabies and showed the disease to be peculiarly virulent and almost invariably fatal to human beings. Misguided people who declare there is no such thing as hydrophobia communicated to man from animals were sternly rebuked, Dr. Salmon declaring that their obstructive tactics have wrought incalculable harm in the way of deceiving people into a careless attitude towards this malevolent disease. The Pasteur treatment for rabies was highly commended by the committee, which also recommended that the health association take steps looking to the enlightenment of the public on the disease and its treatment, as well as means for its prevention.

The committee made strong recommendations on the subject of tuberculosis, asserting its belief in the theory that the disease can be and is communicated from infected cows through their milk. also the committee encountered learned men who controvert the theory, asserting that the difference in appearance of the bacillus of human tuberculosis and that of bovines indicates that the latter cannot communicate the disease to human beings. Dr. Salmon said that one had just as well argue that because the bacillus of cowpox differs from that of smallpox a human being cannot contract cowpox from a cow. He admited that human tubercle germs do not produce tuberculosis in cows or other animals very readily by inoculation, but said that bovine tuberculosis undoubtedly is communicable. The speaker said that it is a well-settled rule of bacteriology that a disease which is transmissible among many widely divergent varieties of animals is transmissible to man, and added that experiments have demonstrated that bovine tubercle germs are very fatal to rabbits, guinea pigs, dogs, sheep and goats. Dr. Salmon also inveighed against loose methods prevailing in many creameries by which the milk received from an infected herd is mixed with the general supply of milk on hand, and further, the practice of distributing, without previous sterilization, the waste milk and cream to be used as food for swine was condemned.

Dr. Bryce, president of the association, commended Dr. Salmon's report, and added a few terse, vigorous utterances on the subject of the care which ought to be employed in dairies to guard against the distribution of milk infected with tubercle bacillus. "I maintain from the standpoint of public health." said Dr. Bryce, "that there is no recourse in the interest of the public health except to test every cow in a dairy herd and to remove every cow that reacts, that is, shows symptoms —no matter how slight—of tuberculosis. In my judgment the association cannot divide on this question, but must absolutely say that no animal that reacts to the tuberculin test can be risked to give milk for one day longer."

Dr. H. M. Backen, of Minnesota, first

vice-president of the association, supplemented the interesting statements of Dr. Salmon's report with cases of animal disease found by sanitary authorities in his State. He related interesting facts concerning outbreaks of virulent animal diseases known as hæmorrhagic septicæmia (hitherto not reported as occurring among American cattle), meningitis, rabies and anthrax. Hæmorrhagic septicæmia, Dr. Bracken explained, is caused by the same bacillus which produces chicken cholera. He said that partially successful attempts have been made to immunize animals against its ravages by inoculation with partly filtered and also with killed cultures of the bacillus Concerning meningitis, Dr. Bracken cited the fact that guinea pigs and rabbits inoculated with its virus died in a very short time to show its deadly character. doctor said that a man who removed the hide from the carcass of a horse which died of anthrax contracted the disease and was killed by it in a few days. Further facts and arguments in line with Dr. Salmon's report were offered by Dr. F. F. Wesbrook, of Minneapolis, Minn.

In the discussion of Mr. Newell's paper on government investigation of stream pollution, Dr. Josiah Hartzell, of Canton, O., said that in his State investigations of streams will be continued until every water course and water shed is thoroughly understood. He said that the investigation as it has thus far progressed has revealed an astonishing degree of pollution of the public water supplies of the State. When Dr. Lee, of Pennsylvania, was asked by President Bryce for an expression on this subject, he raised quite a laugh by saying laconically: "Just at present, so far as my State is concerned, I would rather not say anying about stream pollution."

Mr. C. Monjeau, of Hamilton, O., delegate of the American Water Works Association, began the reading of a very carefully prepared paper on the subject of "Our Domain's Most Threatening Danger," but was prevented by lack of time from finishing it. Mr. Monjeau stated that, in his opinion, the danger lies in the pollution of public sources of water supply by dumping into them sewage, garbage and other waste material. He said that his chief object in coming to the Indianapolis convention was to enlist the co-

operation of the American Public Health Association in the crusade to educate the people generally upon the importance of this subject.

The session was concluded by the reading of a paper entitled "Pages from a Sanitarian's Note Book," prepared by Dr. William S. Disbrow, member of the Newark, N. J., Board of Health. In the absence of Dr. Disbrow, the paper was read by Dr. John L. Leal, of Paterson, N. J.

#### THE PUBLIC ENTERTAINMENT.

The entertainment in the auditorium of the German House Thursday night, given by the people of the city in honor of the American Public Health Association, was an unqualified success. The large audience was representative of the city's wealth and culture, as well as being distinguished by the number of notables from verious parts of the American continent. The spectacle of people from Montreal, Quebec and Ontario, in Canada, from many of the States of the American Union and from the provinces of Mexico uniting in appreciation and enthusiastic commendation of efforts to entertain and amuse made solely by artists native to Indianapolis was one that will live long in the memory of those fortunate enough to witness it.

The eminent visitors were not niggardly with their words of praise of the spirit of friendliness and generosity displayed by those who took part in the delightful affair.

The program was divided into two distinct parts, each of appropriate length, but encores prolonged the whole to a late The first number was by the Baldheaded Glee Club and fairly took the audience by storm. The honors of the entire performance were, however, pretty evenly shared by the little maids from the Knightstown Orphans' Home in their pretty flag drill and by Mrs. John T. Brush in her inimitable recitations. little girls have been seen and heard here before and have established for themselves an enviable reputation as juvenile entertainers of the first rank. Admirers of the little girls and of Mrs. Brush testified their enjoyment by gifts of handsome bouquets. Mrs. Lotta Adam Raschig won an insistent encore by her splendid rendition of Massenet's "He Is Good, He is Kind."

The first part concluded with a quartet, Lacome's "Estudiantina," by the Misses Adam and Robinson and Madames Raschig and Jones, which was warmly re-

After an interval of ten minutes an amusing and clever minstrel entertainment was given by the Elks' fun-makers in black face and up-to-date costumes. Those who took part were Messrs. Feibleman, Shepard, Balz, Quigley, Gasper, Merriman, O'Connor, Gould, Paddock, Edmunds, Barrett, Bynum and Fahrbach. The minstrel turn and accompanying olio were planned to run thirty minutes, but the audience considered an hour about the proper time, and gained their point by uproarious applause.

Mr. Charles F. Hansen accompanied the vocalists in the first part and Mr. Joseph Joiner manipulated the piano-forte for the

"boys in black."

#### Friday, October 26th.

Professor F. C. Robinson, of Brunswick, Me., reported for the Committee on Disinfectants. He remarked that it is evident from this review that much work is being done and some progress is being made. He said:

It seems fair to state certain conclusions as warranted:

1. Household disinfection after infectious diseases should combine use of formaldehyde with other means. It can be safely relied upon for all exposed surfaces, and these only.

2. Formaldehyde requires moisture enough in the air to nearly saturate it for its most ef-

ficient working.

3. There is much disagreement among experimenters as to the disinfection of tuberculosis matter. One says a 2 per cent. solution of formaldehyde disinfects it; another, that even a 10 per cent. solution does not. Several say that formaldehyde gas applied as above destroys it; others deny this. Further experiments are needed.

4. Soap is a poor disinfectant, but 1 per cent. caustic alkali, or 20 per cent. carbonate

of alkali is efficient.

5. Carbolic acid, less than a 5 per cent. solution, has little scientific value.

The creosotes as used in kreolin lysol, and solutol, are safe disinfectants.

7. Alcohol at from 50 to 75 per cent. has considerable disinfecting power, but not at other strengths.

8. Most metallic salts, except those of mercury, have little disinfecting action.

9. Bichloride of mercury, or corrosive sublimate, should be used in strength at least 5 to 1,000 if tuberculosis matter is to be disinfected. A fresh solution is more active than

one which has stood for some weeks. addition of salts does not increase the strength of a fresh solution, but prevents it from losing its strength as rapidly.

10. Bright sunlight kills the tubercle bacillus in a few hours and, as a rule, pathogenic bacteria keep their greatest virulence only when kept in the dark.

I do not mean to say that all these propositions are established, but simply that the experimental work reviewed tends to establish them. One other thing may well be said. We are learning more and more how difficult it is to disinfect under all conditions. It is seen to be not so easy as was once thought. The tendency is toward the use of stronger solutions and more radical measures, and yet it is only a repetition of what we see in higher life. Theoretically, a tornado like that at Galveston ought to have destroyed every life in the center of its activity, but it did not. Occasionally when a vessel goes down at sea all perish. But in the majority of cases there are survivors. So it is in disinfection. There are doubtless individual bacteria that come unscathed through our most radical processes, as Virgil said Æneas and his shipwrecked sailors did, some on planks and some on pieces of the

The Executive Committee named the following special committees for the ensuing year, the name of the chairman being given in each case:

Pollution of Public Water Supplies-George W. Fuller, New York City.

Disposal of Refuse Materials-Rudolph Her-

ing, New York City. Animal Diseases and Animal Foods-D. E.

Salmon, Washington, D. C.

Car Sanitation-Prof. S. H. Woodbridge, Boston, Mass.

Etiology of Yellow Fever—H. B. Horbeck, Charleston, S. C.

Steamships and Steamship Sanitation-Frederick Montizambert, Ottawa, Ont.

Relation of Forestry to Public Health—William H. Brewer, New Haven, Conn.

Demography-John S. Fulton, Baltimore, Md.

Cause, Prevention and Duration of Infectious Discases-A. Walter Suiter, Herkimer, N. Y.

Public Health Legislation-U. O. B. Wingate, Milwaukee, Wis.

Cause and Prevention of Infant Mortality-

Ernest Wende, Buffalo, N. Y.

Disinfectants—F. C. Robinson, Brunswick,

Me. National Leper Home-H. M. Bracken, St. Paul, Minn.

Dangers to Public Health from Illuminating and Fuel Gas-Samuel H. Durgin, Boston,

School Hygiene-Dr. Mitchell.

Transportation of Discased Tissue by Mail— F. F. Wesbrook. Minneapolis.

Teaching of Hygiene and Granting of Diploma of Doctor of Public Health-W. T. Sedgwick, Boston, Mass.

Publication-J. N. McCormick.

The following nominations were reported and adopted for Section of Bacteriology and Chemistry for 1901:

Chairman—Wyatt Johnston. Vice-Chairman—E. O. Jordan. Secretary—G. C. Whipple. Recording Secretary—H. D. Pease. Council—Theobard Smith, W. R. Stokes, E.

A. Deschweinitz, V. A. Moore, A. C. Abbott.

The association adopted a resolution of sympathy and regret that disability prevented the attendance of the venerable Dr. James A. Hibberd, of Richmond, Ind., long an active and valuable member.

Miss Hester McClung recounted "Woman's Sanitary Work in Indianapo-She created a general laugh from her hearers by saying, speaking of the passing of an ordinance against spitting upon the sidewalks: "You find the sidewalks soiled now because we have just had a carnival, and we have a great many conventions here." This paper was greatly applauded, as it showed the great work that had been done by this society of women in making Indianapolis a clean and wholesome city.

Dr. Benjamin Lee, secretary of the State Board of Health, Philadelphia, Pa., reported for the committee defining an epidemic. The definition was "an epidemic is an outbreak of a communicable or infectious disease attacking a dozen or more individuals in quick succession beione the recovery of the first case, whether the result comes from a single focus or

from several foci."

The afternoon session began at 3:30 p. The following subjects were on the

program for consideration:

Report of the Committee on National Leper Home, by Dr. H. M. Bracken, secretary State Board of Health, St. Paul,

"A Suitable Dress for Defense Against Infectious Diseases," by Dr. John H. S. Fulton, secretary State Board of Health, Baltimore, Md.

"The Colon Bacillus in Relation to Public Health," by Dr. Jesus E. Monjaras, state sanitary inspector, San Luis Potosi, Mexico.

Report of the Committee on Animal Diseases and Animal Food, by Dr. D. E. Salmon, director Bureau of Animal Industry, Washington, D. C.

"Investigation of Stream Pollution by the United States Geological Survey," by M. F. H. Newell, hydrographer, United

States Geological Survey.

"Our Domain's Most Threatening Danger," by Mr. C. Monjeau, delegate of American Water Works Association, Hamilton, O.

"Pages from a Sanitarian's Note Book," by Dr. William S. Disbrow, member Board of Health, Newark, N. J.

#### THE FINAL EVENING SESSION.

The evening session of the American Public Health Association in the amphitheater of the German House was one of the most interesting thus far held. papers read were mainly upon topics of general importance and couched in language easily understood by the lay mind. In the absence of President Bryce the meeting was presided over by Dr. H. M. Bracken, of St. Paul, Minn., first vicepresident of the association. Dr. Wyatt Johnston opened the proceedings with an informal report of the Committee on the Teaching of Hygiene and the Granting of Degrees of Doctor of Public Health, delivered extemporaneously.

Dr. Johnston compared methods of hygienic instruction in vogue in the United States and in foreign countries with the result that the showing was decidedly favorable to the foreign countries. veighed strongly against the looseness of method in this country by which men are able to secure positions as health officers or as members of boards of health without having the necessary qualifications. Johnston urged the health association to consider this matter and endeavor to arrive at some standard for a purely hygienic education. Before the discussion of this report was commenced the presiding officer suggested that the paper of Dr. Jones, which was on similar lines, be read Dr. L. P. Jones, of Greenwich, first. Conn., then offered his paper on "A Scheme for Preventive Medicine," which proved to be one of the most valuable of the many that have been read before the association. Some of Dr. Jones' statements were very radical, but the soundness of his arguments carried conviction.

The discussion which followed the reading of the report of Dr. Johnston and Dr. Jones' paper was very lively. It was participated in by Drs. A. C. Abbott, of Philadelphia; W. H. Chapman, of Toledo, O.;

Dr. Belknap, of Niles, Mich.; Professor H. C. Robinson, of Brunswick, Mo.; Dr. Ravenel, of Philadelphia; Dr. Probst, of Columbus, O., and Dr. Burridge, of Purdue University. Dr. Probst said the teaching of hygiene in public schools has thus far been unsuccessful because of improper methods being followed. He urged the introduction of a course of hygienic instruction in universities, citing instances of young men developing tuberculosis after graduation from institutions of learning, the disease being contracted through lack of hygienic knowledge and carelessness. One of the delegates spoke briefly but entertainingly in denunciation of political methods being allowed to operate in the selection of health officials. The discussion developed that a successful course of hygiene has been in use at Purdue University for several years past.

Rudolph Hering, the well-known New York sanitarian, read the report of the Committee on the Disposal of Refuse Materials. Mr. Hering described garbage-destroying plants in various cities of the United States and in foreign countries. He said that no perfect process of disposing of garbage and other refuse has yet been devised, although he praised highly the plants in operation in New York and Hamburg, where the reducing method is employed. The paper said that much to commend is found in both the cremating

and reducing processes.

Dr. Juan Brena, vice-president of the Health Association, residing at Zacatecas, Mexico, read a unique and instructive paper, couched in a humorous style, on "The Vice of Smoking Among Youths and Suggestions Concerning Means of Overcoming It." Dr. Brena said that the idea held by physicians years ago that tobacco causes a great variety of diseases has been proven erroneous by discovering the same diseases in non-users of the weed. He asserted that tobacco, in rational doses, is not greatly harmful to adults, but is very injurious to youths. His suggestions for prevention of the habit among young people were the passage of laws against the use of tobacco by them in publie places and the dissemination of information regarding the advantage in the way of physical development enjoyed by The doctor non-smokers over smokers. declared that the feeling of exhibaration or relief from weariness believed to be enjoyed by smokers is merely a cerebral congestion. He said that nicotine is falsely charged with many disorders caused by tobacco, the real cause being essential or aromatic oils inherent in the plant.

The last paper was on "Hygienic Analysis of Milk When Used for the Artificial Feeding of Infants, and Methods of Doing So With Rapidity and Certainty," prepared by Dr. Manuel Gutierrez, of Queretaro, Mexico, and read by Dr. A. W. Suiter, of Herkimer, N. Y., in the absence of the author. Dr. Gutierrez contended strongly for the use of mother's milk whenever obtainable. He said that, in other cases, great caution should be exercised, since sterilized milk is suitable only for healthy infants. He also called attention to the great difference in certain particulars between mother's milk and that obtained from cows and said that milk obtained from cows should be prepared in such manner as to be adaptable to individual cases. Owing to the lateness of the hour, this paper was referred to the Publication Committee without discussion, and the convention adjourned to reassemble the next morning at 10 o'clock.

#### ${\tt INTERESTING\cdot EXHIBITS.}$

An interesting annex to the Public Health Association convention in the German House is the display made by the United States Marine Hospital and various firms of manufacturing chemists. These are to be found on the first floor of the building. The hospital service is represented by an array of instruments and appliances that occupies one entire room. These comprise handsome medical and surgical chests, microscopes of the most delicate kind and full supply of drugs used in the practice of medicine and instruments employed in surgery.

The display of Purdue University, in charge of Dr. A. W. Bitting, one of the instructors, attracts great attention. It consists chiefly of elegantly-mounted slides descriptive of a wide variety of interesting topics. A few of the subjects of these slides are: A properly constructed deep driven well, sand filtration at Lawrence, Mass.; one cubic centimeter of Wabash River water and a like quantity of Ohio River water, each showing multitudes of bacteria of ancient and honorable or dishonorable lineage; an old Roman acque-

duct; water purification by covered filters at Warsaw, Russia; purification by sedimentation, showing the St. Louis settling basins; typhoid death rate in sixty-six cities of the United States, according to the quality of water, and a set of slides showing proper and improper methods of disposing of garbage and sewage.

#### The Medical College of Indiana.

The Indiana Medical College has entered on its fall term with 250 registered students. The students all pay their full fees for tuition. Dr. John Oliver, treasurer of the college. The college has not lost a dollar by students failing to pay during the five years Dr. Oliver has been treasurer.

The medical clinics are held every day in the week from 8:30 to 10 a. m. Drs. E. Hadley, T. Potter, C. E. Ferguson, R. O. McAlexander and Frank Wynn examine the patients and prescribe the treatment. Surgical clinics are held Monday, Wednesday and Saturday mornings by Drs. W. M. Wright, David Ross and E. D. Clark. After January 1st these clinics will be held by Drs. John Oliver, J. W. Sluss and E. Brown.

The ophthalmic clinic, during the sickalternate days by Dr. L. C. Cline and his assistant, R. L. Westover. This is one of the largest clinics in the city.

The eye and ear clinic, during the sickness of Dr. Daniel Thompson, has been held by Dr. Frank Morrison. This clinic numbers over 1,500 different patients annually.

Diseases of children are treated twice a week by Drs. J. H. Taylor and Albert Cole. Dr. Cole is one of the most studious and capable of the general practitioners of the city, a graduate of the Indiana Medical College and also of the College of Pennsylvania.

Pathological growths and morbid secretions are examined in the clinical laboratory by the students under the direction of Drs. R. H. Ritter and R. C. Shaefer on alternate mornings. The specimens are collected from the clinics at the Deaconess, St. Vincent's Infirmary and the Bobbs Free Dispensary.

Skin diseases and syphilis are treated upon Tuesday and Friday mornings by Dr. A. W. Brayton. The clinics have furnished numerous cases of the so-called Cu-

ban itch, also wrongly called "barber's itch;" it is contagious impetigo. Ten different cases of ring-worm of the scalp have been presented.

Nervous diseases are treated one day each week by Dr. Ernest Reyer, one of the acutest dirognosticians of nervous diseases

in the West.

Clinics on diseases of women are held on alternate days, three times each week, by Drs. L. H. Dunning, O. Pfaff and C. E.

Ferguson.

Genito-urinary diseases are treated twice each week by Dr. W. N. Wishard, one of the most eminent genito-urinary surgeons in the Mississippi Valley. Dr. Fred Charlton is the clinical assistant.

Gastro-intestinal and rectal diseases are treated two mornings each week by Dr. George J. Cook and Alois B. Graham. Dr. Cook was the second in the United States to adopt this specialty; Dr. Graham is well known to readers of this journal by his articles on diseases of the stomach.

The internes employed by the faculty are J. B. Seaman and Alonzo Roberts,

graduates of the institution.

Dr. N. E. Jobes, lecturer on osteology in the college, examines casually all the patients who attend the clinic, and upon questioning them is enabled to refer them to the proper division. He supplies each patient with a card 4x6 inches upon which is kept a record of the patient, such as the history and treatment. These cards are filed and constitute a record of the work accomplished in the College Clinic. During the last month cards have been supplied to over 450 different patients, many of whom have been treated several times. Not less than 5,000 different patients, at this rate, will be treated in the Bobbs Free Dispensary—which is the same as the college clinic-during the year.

It is often asked if the patients who patronize the college clinics are able to employ and pay a physician; that is, does Indianapolis suffer as Eastern cities have from the "dispensary evil?" A careful inquiry is made as to the social, civil and property conditions of the patients, and in ninety cases out of one hundred they belong to the indigent classes. Their medical care at the college is really a relief to the city and also to the practitioners of the city; indeed, the latter frequently refer the patients to the Bobbs Dispensary.

What are the clinics held for? is fre-

quently asked of the laymen. The answer is obvious to the modern physician, who has graduated from colleges where clinical instruction is given. The primary purpose is to instruct the junior and senior students of the college in the practice of medicine and surgery; and, secondly, like most of medical life and energy, it is the exercise of the beneficence of the profession of medicine. For the practice of medicine is a charity; there are no physicians of Indianapolis who have achieved more than a bare living by the practice of medicine outside of less than a dozen medical specialists. Probably not onefourth of the physicians of our cities own their own homes or are able to carry a moderate life insurance. Those who enter the practice of medicine to make money, as is done by commercialism, invariably fail; to enter medicine is as though one enters the church as a pastor. It is a life of good deeds unrecompensed by worldly gain, and a life of self-abnegation and renunciation. Such were the motives of the late Dr. John Bobbs, of Indianapclis, who, thirty years ago, established the Bobbs Library (now destroyed by fire, but resurrected in the medical department of our Public Library), and the Bobbs Free Dispensary for the poor of his home city. He died poor-a little brick house, now pulled down, and a few orchard trees planted by his own hand, was the gift of mammon to him. But he lives in the surgical discoveries that he made, known and credited by the entire medical world, and in the charity he established under the wing of the college which was his place of treasure and his sanctuary.

## The Jacobi Anniversary—Letter from Doctor Jacobi.

With this we present a letter from Dr. Jacobi expressing his appreciation of the JOURNAL'S recognition of his great services to our profession and country. With the letter we also received an elegantly bound and printed copy of the Proceedings and Addresses at the Complimentary Dinner on the Occasion of Dr. Jacobi's Seventieth Birthday, May 5, 1900.

The dinner was at Delmonico's. The Committee of Arrangements and Fest-schrift Committee comprised Drs. A. G. Gerster, Joseph D. Bryant, F. H. Crandall, Francis Huber, Willy Meyer, Barmin

Schaulau and F. E. Soudern. There was also a committee of sixty-nine citizens of New York, both physicians and laymen. There were 425 of Dr. Jacobi's friends and colleagues present, and only the limited size of the banquet hall prevented the attendance of a thousand guests. There were many telegrams and letters from friends at home and abroad who could not attend. The dedicatory poem was by Dr. S. Weir Mitchell—"To Abraham Jacobi. Medicus Magister, Amicus." It is as follows (omitting two or three stanzas):

No honor hath the State for you whose life
From youth to age has known one single end.
Take from our lips two well-won titles now,
"Magister et Amicus"—Master, Friend.

Constant and brave in no ignoble cause,
The hopes of freedom armed thy sturdy youth;
As true and brave in the maturer years
Thy ardent struggle in the cause of truth.

Nor prison bars, nor yet the lonely cell,
Could break thy vigor of unconquerable will;
And the gray years which build as cruel walls
Have found and left thee even victor still.

Ave Magister! take from us to-night
The well-earned praise of all who love our art
For this long lesson of unending work,
For strength of brain and precious wealth of
heart.

We gave you here a home; you well have fared
With many gifts proud freedom's generous hand,
That bade you largely breathe a freer air
And made you welcome to a freer land.

Ave Amice! if around this board
Are they who watched you through laboring
years,
Beyond these walls in many a grateful home,

Your step dismissed a thousand pallid fears.

That kindly face, that gravely tender look,
Through darkened hours, how many a mother

And in that look won sweet reprieve of hope,
Sure that all earth could give was there with
you.

Ave Magister! Many be the years

That lie before thee, thronged with busy hours!

Ave Amice! take our earnest prayer

That all their ways fair fortune strew with
flowers.

The address of Dr. W. H. Thomson was devoted to Dr. Jacobi as a physician, and as an old friend; that of Dr. Wm. Osler considered Jacobi as a scientist. Dr. Osler's address was a mixture of true appreciation of Jacobi's works on "Diphtheria" and on the "Therapeutics of Infancy and Childhood," and others. Dr.

Osler stated that the impression one gets from the three or four volumes and the sixty or more major monographs and essays is of honesty of purpose and sincerity in them all. Had they any other "language but a cry" there are countless thousands of colic-stricken babies and sucklings who would ordain great praise for Dr. Jacobi. There is no clap-trap, no gallery play in Jacobi's work, truth, faithful administration of an intellectual trust. The speaker hoped we might have a volume from Jacobi of "Songs in Silence," written in der Stille of his prison house.

And so on with love, respect and that light but learned irony, rather Gallic than Anglo-Saxon, of which Osler is easily the master, though he is too serious to be led far astray.

And so he comes back from the demonstration that "all silver Democrats, many Populists, and the cranks of all descriptions have been bottle-fed," and show the characteristic sharp nose, instead of the two cartilages which may be felt at the tip of the child's nose duly pressed for a year against its mother's breast, and the "untold benefits to thousands of helpless infants and more thousands of women whose energies should be directed into their natural lactiferous channels"-back to the rare spectacle of the evening, a physician surrounded with love, honor and troops of friends as the shadows lengthen, rather than like most, sitting at seventy, nursing a dwindling faculty of joy in the midst of a new and alien generation. There is but one antiseptic against the interstitial decay of the physician—but one antidote, the cultivation and retention of a sense of professional responsibility. For senility begins at forty—forty sharp—and sometimes earlier. To escape intellectual staleness one must not live alone in his own generation, but, like Dr. Jacobi, keep in contact with fresh, young minds, and so be one

"Whose even balanced soul Business could not make dull, nor passion wild; Who saw life steadily, and saw it whole.

The Honorable Scth Low, president of Columbia University, spoke to the topic of "Medical Education," saying that for thirty years Dr. Jacobi had honored the College of Physicians and Surgeons, and, through it, Columbia University, by faithful and brilliant service. He reverted to the fact that Dr. Jacobi was called in

1894 to fill the chair of pediatrics in the University of Berlin, made vacant by the advancing age of Professor Henoch, which Dr. Jacobi declined on the ground that America had given him the opportunity he sought and he desired to make what return he could.

A devoted friend of Dr. Jacobi's had established an Abraham Jacobi Ward for Children in the Roosevelt Hospital, where Dr. Jacobi now carries on his bedside instruction of students and physicians. At the end of the first year his students united in an address to the great clinical teacher, assuring him how they had profited by his instruction. "If a teacher awakens that sort of response from the student the quality of the teacher speaks for itself."

The address of the Honorable Carl Schurz on "Jacobi as a Citizen" is such an address as endears one to Mr. Schurz, however they may criticise his varying political ideals and attitudes. Only the year before Dr. Jacobi had read a paper at a somewhat similar meeting on the anniversary of the seventieth birthday of Mr. Schurz.

He alluded to the two years which Dr. Jacobi served in State prisons "because he was one of the young men of that period who had conceived certain ideals of right, justice, honor, liberty, popular government, for which they were willing to work and to suffer, and, if necessary, to die."

Dr. Jacobi's response to his friends on reception of the Festschrift and his later address before the International Medical Association at Paris are accessible to our readers in the great weeklies. We would be pleased to have space to present both these just, fearless and courageous papers here. He is not afraid to tell the truth, and the truth frequently means criticism, and criticism is not always agreeable. But Dr. Jacobi has done his present duty as he saw and felt it, and future generations will be grateful for the notes he has given of the progress of medical practice, education and literature through the fifty years, "all of which he saw, and part of which he was."

To him belongs the rare distinction of being the third of American physicians to receive from his students and co-laborers a dedicatory volume of scientific papers, the "Wilder Quarterly Century Book of 1893," dedicated to Professor Burt S.

Wilder, of Cornell University, and the volume presented to Professor Wm. H. Welch, of Johns Hopkins University (the evening preceding the Jacobi anniversary) are the only other instances. Upon the evening of November 3, 1900, the friends and students of Dr. Christian Fenger, of Chicago, will join in a testimonial banquet in the Auditorium. Over 150 medical societies of the Western States will be represented.

Dr. Fenger is also one of the great teachers—a lover of his work. He has written no ponderous treatises; he has accumulated no great fortune; he has gone on doing his work with the patience and faithfulness of Jacobi, Agassiz, Guyot and Lesquereux.

The profession in the United States owes much to men like the above scientists and teachers, fleeing from their own country after the revolution of 1848. It is one of the signs of the professional brotherhood, which is even a greater ideal than patriotism, race or nationality, that the physicians gather themselves together and do honor to those who have led the race out of bondage into light.

Dr. Jacobi's letter is as follows:

"Alembert W. Brayton, M. D., Editor Indiana Medical Journal:

"DEAR SIR-Permit me to express my sincere thanks for the kindness shown me in the article on page 32 of your July number, which I read only yesterday, having been absent in Europe and elsewhere. The June issue of the Post-Graduate, to which your article refers, I have not seen; but must conclude that as it prints my address as the Boston Journal has it, it has gone into the matter with a good deal of good will. That publication was not quite complete, I think, so if you permit, I shall take pleasure in sending you the official edition prepared by the committee. The "Festschrift" was mailed to your journal in May and I trust was received. Let me add a single word: When I spoke on May 5th I was aware I was heard by a legion of peers in New York and over the United So I spoke with the full consciousness of my responsibilities, and of the necessity of telling the truth about myself, and about the profession as I understood it. At all events, my good will I know fault has was appreciated. been found with a few expressions of mine contained in my address delivered before the thirteenth International Medical Congress. What I, however, desire you and your co-editors, and the profession to believe is this: That I may be mistaken in my judgment, but never stray from my loyalty to my profession. If some of my critics would only remember that I have been in the profession more years than they have lived! Moreover, unless we criticise one another, and professional affairs, and educational matters, there will be no progress. Our American pride should not degenerate into vanity, nor our patriotism into jingoism; from that point of view I speak of myself, but also of my peers and my betters. Very sincerely yours,

#### "А Јасові."

#### Fenger Testimonial Banquet.

Following close on the Festschrift given Dr. W. H. Welch, of Johns Hopkins, and Dr. A. Jacobi, of New York, comes the testimonial banquet to Dr. Christian Fenger, of Chicago, which occurred on the sixtieth anniversary of his birth, Saturday evening, November 3d, at the Auditorium in Chicago. There were nearly 600 physicians present, the largest number known to have attended any similar festivity in the history of the American profession. Over half of these were from outside of Chicago and represented more than one hundred medical societies of the great Northwest. While the assembly may have lacked the wealth and dignity attaching to the Welch and Jacobi Festschrifts, and was not made permanent in the libraries of the future by the presentation of a thousand-page volume of the scientific writings of the students of the eminent guest, it may be said the love, loyalty and enthusiasm of the Fenger banqueters was certainly unsurpassed either of the Eastern testimonials. The assembly was in session from 7:30 to 1 p. m., partaking of an elegant menu, with unlimited wines and cigars for those disposed to combine these gases and liquids with the solids ranging through the usual course from blue points to coffee.

Dr. C. A. F. Reed, president-elect of the American Medical Association, acted as toastmaster. The telegrams and letters from a hundred absentees were read in condensed form by Dr. Evans, of Chicago, who, with Dr. Baum and the writer of this note, incubated the testimonial at the Atlantic City meeting of the American Medical Association.

The address to Dr. Fenger and presentation of the loving cup was made by Dr. W. W. Keen, of Philadelphia, in so happy, kindly and scholarly a way that everyone was immediately at ease, and the banqueters might have well adjourned and become informal. But no! there were the peers and co-laborers of Dr. Fenger, who had stood shoulder to shoulder with him through a quarter of a century of medical work, and also scores of Dr. Fenger's students who have achieved fame, both local and national, and these must give their testimonials. The toasts on the program were responded to by Drs. E. F. Ricketts, W. H. Earles, Wm. E. Quine, C. B. Nancrede, C. A. Wheaton, J. M. Mathews and Nicholas Senn. The latter read a careful and serious address, eulogistic and historical, paying also due tribute to the several surgeons present, authors and teachers of national fame. The addresses of Nancrede, Mathews, Quine and Wheaton were prepared with care, and would grace the pages of a permanent memorial. Many others were called between the regular numbers-Lydston, with story and poem; Billings, with a beautiful reference to Fenger's home life; Pierce, with the rare tenor voice, gracing by his songs every professional festivity. An album was passed about during the four hours of the banquet and the autograph of every physician present secured for Dr. Fenger, whose modest response closed the banquet.

The physicians present sang the old college songs and gave the yells of student

This spontaneous outpouring of over 600 physicians was revalatory. Drs. Hyde and Ingals remarked to the writer that 200 responses would have surprised the initiators and promoters of the banquet. It marks a great day for the profession in Chicago and the Northwest. It shows the milk of kindness is in their blood, in spite of the rivalry and strenuousness of pioneer life in the West, for the present is only the second generation of notable medical men in what is the second city of the nation. Probably only Christian Fenger could have incited such genuine and general enthusiasm. For Fenger really has what Goethe characterizes as the "heavenly earnestness." He has also the reverence for truth that was so marked in Agassiz and Darwin, and also their force, simplicity, directness and persistence. His life and work have been a constant protest against sham. He was the first of the surgical pathologists in Chicago. He has no enemies; he says little; his modesty clothes him as a garment as flesh personi-The present writer listened fies beauty. to his clinical teaching in the summer of 1882 and witnessed the then clumsy and unwieldly methods of asepsis Dr. Fenger was then installing, and which have now given way to simpler and more efficient methods. He has taken a great part in the two decades which have made surgery so safe and simple,

All medical communities have time to take up their dead, to formulate epitaphs and resolutions. But the profession in Chicago and its allied cities has enjoyed the rarer and the sweeter privilege of doing honor to one of its living heroes, and

by so doing has discovered itself.

Among the guests from Indiana were Drs. Porter, trustee of the American Medical Association, and Dr. Drayer, of Ft. Wayne; Dr. Joseph Eastman, who the day before held the surgical clinic for Dr. Murphy; Drs. Keiper and Beasley, of Lafayette, and others the writer failed to meet among the numbers present.

Dr. Guido Bell, of Indianapolis, went up Saturday noon with Dr. Keen, of Philadelphia, and it is needless to say that they both enjoyed the afternoon's converse during the four hours' ride to Chicago.

#### Dr. W. W. Keen with the Jefferson Alumni.

The Jefferson graduates in Indianapolis, Drs. P. H. Jameson, T. C. Hood, L. C. Cline, I. Mayhugh, John Kolmer and others, have for long contemplated a meeting of the Jefferson College Alumni, some sixty in number, in Indiana. Taking advantage of Dr. Keen's visit to Chicago to present the loving cup at the Fenger testimonial, they induced him to spend a day in Indianapolis. The Marion County Medical Society was invited to appoint a committee and join with the alumni in a banquet to Dr. Keen. This was held at the Bates House Friday evening, November 2, some sixty-six physicians being present. The banquet was a success in every way. There were responses by Drs. F. B. Wynn, John H. Oliver, A. W. Brayton,

Frank C. Ferguson and P. H. Jameson to appropriate toasts, Dr. Hood acting as symposiarch, and Dr. Kolmer, to whom more than any other, the presence of Dr. Keen was due, as general manager of the festivities. Dr. Jameson's address was the one that the Jefferson graduates throughout the country would be most interested in. He graduated over fifty years ago and has practiced in Indianapolis nearly fiftyone years, not losing a week by illness. His account of the professors was touched with emotion, for Dr. Jameson is the last leaf on the tree, but is still hale, kindly and vigorous.

Dr. Keen responded, giving the present condition of the college, as Dr. Jameson had given its past. Most of its professors are authors. The banquet closed at 11:30. A half score of ladies were present. The Rev. Dr. Haines sat to the right and Mr. John Holliday, editor of the *Press*, to the

left of Dr. Keen.

Dr. Newcomer, of Tipton, and Dr. Banker, of Columbus, were present.

On Saturday morning Dr. Keen operated at St. Vincent's in Dr. John Oliver's clinic before the Indiana Medical College classes, and a score of the city physicians. The case was an exploration of the brain for tumor—a bold but careful operation, entering the ventricles. No tumor was found. Dr. Keen lectured for an hour in his clear and accurate way upon the surgery of the brain.

The visit of Dr. Keen to Indianapolis was greatly enjoyed by all who met him. He is a type of the scholarly physician and surgeon. He was president of the American Medical Association at the Atlantic City meeting. His addresses on ethical, professional or surgical topics are classics. It was a great pleasure to the Jefferson graduates and the profession at large in Indianapolis to have one of the leading surgeons, teachers and authors of Philadelphia as a guest, and Dr. Keen seemed highly pleased with his reception by the profession in Indiana.

#### Indiana Mortality Statistics for September.

The total number of deaths in Indiana during September was 3,121, a decrease as compared with August of 100. The death rate for August was 14.3, and for September, 14.4. The death rate for September is 0.1 higher, although there were

fewer deaths. This is because there is one day more in August than in September. The deaths among children ranging in age from 1 to 5 inclusive, in September, were 1,101, a decrease of 95 over the preceding month. The old people did not suffer so heavily in September as in August, the respective figures being for persons 65 years and over, 618 for the latter month and 595 for the former, showing a difference of 23. By singular coincidence the number of deaths from pulmonary tuberculosis was exactly the same for the two months above named, the figures be-The typhoid deaths increased ing 242. in September 90 over August, the figures being respectively 230 and 140, making a per centum increase of 64 per cent. Diphtheria also shows an increase in September, the August deaths from this disease numbering 29 and for September 52, an increase of 23, or 79 per cent.

In our analysis for August we predicted an increase in the diphtheria deaths as well as in the typhoid deaths, and here verification of the prediction is fully recorded. Croup, scarlet fever and measles caused respectively 9, 4 and 3 deaths, while to whooping cough 22 deaths are accorded. Pneumonia increased, there being 54 deaths in August and 61 in September. Diarrheal diseases, which have been repronounced peatedly  $\mathbf{food}$ poisoning, caused 600 deaths in August and 412 in September, in children under 5 years of age. The appearance of cool weather always reduces this class of diseases because of the diminishing of fermentative processes which elaborate poisons in foods. Cerebro-spinal meningitis caused deaths; influenza, 6; puerperal fever, 17; cancer, 87, and violence, 123. There was one smallpox death in Cass County and one in Jasper. -Board of Health Bulltin.

### New York Skin and Cancer Hospital.

The governors of this hospital—the only one in the country devoted entirely to diseases of the skin and cancer—announce that Dr. F. Duncan Bulkley will give a third series of clinical lectures on diseases of the skin at the hospital on Wednesday afternoons at 4:15 o'clock, commencing November 7th. This course is free to the medical profession. Dr. Bulkley and his father before him have for over fifty years

kept the run of the rare cases of skin disease in and about New York. In the hospital are cases of leprosy, psorospermosis, mycosis fungoides, etc., to say nothing of the vast wealth of common skin diseases. This should be one of the most popular, as it is one of the most useful clinical opportunities presented in New York.

# A Change in the Superintendency of the City Hospital.

Dr. C. H. Poucher, who has been superintendent of the Indianapolis City Hospital for the past three years, has resigned on account of ill-health. The vacancy has been filled by the appointment of Dr. M. J. Spencer, formerly superintendent of the City Dispensary.

Dr. John F. Benham resigned his position as a member of the Health Board and Dr. E. C. Reyer was appointed. Dr. Penham was appointed superintendent of the Dispensary.

# Physicians May Now Keep their Photographs Out of the Journals.

There is yet hope of recourse for those eminent gentlemen of our profession who cannot keep their photographs out of the lay and medical prints. We all know how their heart strings are twisted by grief and sorrow, how their faces redden with this violation of their natural modesty when they open the "special numbers" devoted to the various Pan-Advertising Medical Societies, and see themselves face to face. The only consolation is that the medical college catalogues are as yet free of this form of laudation—at least, the best of them are free.

The hope of recourse for these afflicted members is in a recent decision of the New York Supreme Court at Rochester in the case of a young girl who brought suit for \$15,000 for the unauthorized use of her "face of rare beauty" by a beer concern, thus violating her modesty and privacy. Refusing to throw the case out of court, the Judge said:

"To permit every person to use a lithographic likeness of the plaintiff to advertise his business and yet say there is no power in the courts to prevent it, would be asserting a proposition at war with the principles of justice and equity and in violation of the sacred right of privacy." In

regard to rights and damages, the Court observed:

"If her lithographic likeness, owing to its beauty, is of great value as a trademark or an advertising medium, it is a property right which belongs to her and cannot be taken from her without her consent. She has a right to say that without her consent these lithographic copies of her likeness shall not be circulated or used by the defendants."

Our medical brethren who have striven so hard to keep their photographs out of circulation will approve this decision. If the practice is continued, we suggest a new series of cuts and a new series of physicians. Give the old plates a rest.

### For Physicians on School Boards.

It is common for the physician to be a member of the local school board, and not infrequently he is the worst kind of a crank that could be elected. To those who devote themselves to the educational work of their locality the following note may be of practical interest:

A. A. Upham, principal of the Wisconsin State Normal, in an article in the current number of the Educational Review, finds the advantages of the transportation of rural school children at public expense to be many. As this experiment is now being tried in this State, it is interesting to note Mr. Upham's conclusions. He says.

1. The health of the children is better, the children being less exposed to stormy weather, and avoiding sitting in damp clothing.

2. Attendance is from 50 to 150 per cent. greater, more regular, and of longer continuance, and there is neither tardiness nor truancy.

3. Fewer teachers are required, so better teachers may be secured and better wages

paid.

4. Pupils work in grade schools, and both teachers and pupils are under systematic and closer supervision.

5. Pupils are in better school houses, where there is better heating, lighting and ventilating, and more appliances of all kinds.

6. Better opportunity is afforded for spe-

cial work in music, drawing, etc.

- 7. Cost in nearly all cases is reduced. Under this is included cost and maintenance of school buildings, apparatus, furniture, and tuition.
  - 8. School year is often much longer.
- 9. Pupils are benefited by widened circle of acquaintance and the culture resulting therefrom.
- 10. The whole community is drawn together.
  - 11. Public barges used for children in the

daytime may be used to transport their parents to public gatherings in the evenings, to lecture courses, etc.

lecture courses, etc.
12. Transportation makes possible the distribution of mail throughout the whole town-

ship daily.

13. Finally, by transportation the farm again as of old becomes the ideal place in which to bring up children, enabling them to secure the advantages of centers of population and spend their evenings and holiday time in the country in contact with nature and plenty of work, instead of idly loafing about town.

# State Medical Society Transactions — The Anderson Meeting.

The Transactions of the Indiana State Medical Society for 1900, being the report of papers and business at the fifty-first annual meeting held at Anderson, May 24th and 25th, is now in the hands of the 1,600 members of the State society. The secretary should distribute them promptly to the members. Every member who has paid his dues for the year of one dollar is entitled to this volume of 478 pages. The work of the printer, Wm. B. Burford, is excellent. The papers and discussions are highly creditable to the society. The book is more nearly free of errors than is usual in such reports. Indiana is the best organized State in the American Medical Association, and its reports for fifty years constitute a valuable historical and scientific section of many State and National libraries.

# Association of Pennsylvania Railroad Surgeons.

The annual meeting was held in the Auditorium Hotel, Chicago, October 23d. Dr. John Oliver was president.

The next meeting will be held in Indianapolis the second Tuesday in October.

Dr. J. B. Vail, of Lima, Ohio, is president, and Dr. E. M. Webster, of Chicago, secretary. Papers were read at the Chicago meeting by Drs. G. W. Thompson, of Winamac, Ind., on "The Past and Present of Surgery;" by Dr. J. D. McCone, of Monticello, Ind., on "The Surgeon and the Crew," and on "The Ambulatory Treatment of Fractures," by Dr. E. H. Lee, of Chicago.

Dr. Oliver's address consisted of advice in regard to the various emergencies of railroad surgery. There were some seventy-five railway surgeons of the Pennsylvania road in attendance. This was the nineteenth annual meeting of the association.

## Asheviile Meeting Mississippi Valley Medical Association.

The Mississippi Valley Medical Association had a pleasant and profitable meeting at Asheville. Over a hundred members were present and during the meeting nearly two hundred attended. Membership is \$3 a year. Annual transactions are published. Those who are two, three or four years behind in their fees may be reinstated and get the transactions by paying up. Dr. W. N. Wishard and J. H. Taylor attended from Indianapolis.

The next meeting, September 10-12th,

will be at Put-in-Bay, Ohio.

The officers are as follows: President, A. H. Cordier, Kansas City, Mo.; vice-presidents, C. F. McGahan, Aiken, S. C.; Chas. L. Minor, Asheville; secretary, Henry E. Tuley, Louisville, Ky.; treasurer, Dudley S. Reynolds, Louisville, Ky.; chairman of Committee of Arrangements, J. C. Culbertson, Cincinnati.

### CORRESPONDENCE.

OAKLAND, ILL., October 24, 1900.

Indiana Medical Journal Co.:

GENTLEMEN—I enclose a check for three dollars (\$3). Kindly place this to my credit on your subscription list. 1 very much enjoy the columns of the Journal, for in it 1 meet so many old friends—old professors and college boys—of the Indiana Medical College. Long may she flourish. Respectfully,

A. J. Maris. Class '92, Indiana Medical College.

LAOAG, LUZON, P. I., Aug. 30, 1900.

MY DEAR DR. COOK—Enclosed find one dollar with which to pay subscription to the Indiana Medical Journal for another year. I was fortunate enough to get it in change, and I had wondered for some time how I could send you my money, as we have no money order faciliteis here. The Journal has kept up with me in my wanderings very well—have only missed one copy, which does very well, for as many changes as were necessary.

We are expecting orders soon to send us

back to the States, and I think nearly everyone will be glad to return. Like many another, the United States is good enough for me.

Please remember me kindly to my friends, and, hoping to be back in Hoos-

ierdom soon,

I am sincerely yours,
FRANK W. FOXWORTHY,
Captain Assistant Surgeon Thirty-fourth
United States Infantry, Manila, P. I.

BERLIN, GERMANY, Oct. 13, 1900. Dr. A. W. Brayton, Indianapolis, Ind.:

DEAR DOCTOR-I wish to describe as best I can the Berlin method of treating congenital dislocations of the hip joint. I am not able to say how much originality it possesses nor to name those responsible for its different steps. That is not important. In these days we are only anxious for success. The adhesions are first thoroughly broken up by vigorous manipu-These somewhat resemble the Bigelow method, reducing ordinary dislocations on the ilium. The reduction follows usually very easily if this is vigor-ously done. The pelvis of the well chloroformed patient is fixed by an assistant, the thigh is reduced by vigorous flexion upon the abdomen and outward rotation. At the same time an assistant aids to lift the head of the femur into its proper The femur is rotated to a right angle to the body and the foot is turned completely outward in the greatest possible rotation. The thigh is forced outward by the operator till the femur stands out at a right angle to the body on the side, and it is held and dressed in this almost impossible position by force. The dressing is made of plaster of Paris and holds the bone in the old acetobulium, from which there is little or no tendency for its displacement, since the position does not permit of movement. After the head becomes somewhat fixed in its proper place the femur may be brought down to its proper place. This should not be done for several weeks, or until it has not tendency to become again dislocated. The difficulty has been to maintain the bone in its proper place, since most of these dislocations are easily enough reduced in early life. There is little, of course, to be done for the older patients indeed no acetobulium, into which we can reduce the bone,

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but for many of the younger cases, it seems to me, that a forcible reduction and fixation at right angle to the body and on a level with the pelvis, where no weight can be placed upon it, and where there is no tendency to displacement, offers hope to a class of patients for whom we have in the past been able to do very little. I am aware that manipulations are almost impossible of description, but at the risk of being imperfectly understood I venture for the sake of an important class of cases to give you in these few words a hint to their improved treatment, since nothing so affects the happiness of human beings as the unfortunate state of lameness. He is a double benefactor who cures the body and sweetens the mind.

I am very truly yours, WALKER SCHELL.

### PERSONAL.

Dr. Loren A. Hyde has removed from this city to Greensburg, Ind.

Mr. W. J. Molloy is representing Blakiston's Son & Co. in Indianapolis, with a full line of their medical publications.

The marriage of Miss Gertrude Mc-Clure and Dr. R. C. N. Cook is announced. They will reside at Boswell, Ind.

Dr. G. J. Bergener, Medical College of Indiana, '97, has returned from abroad, where he has spent the past year in postgraduate work.

Dr. H. H. Wheeler has been appointed physician to the United States prisoners confined in the Marion county jail, succeeding the late Dr. W. T. Newton.

### Indianapolis Surgeons in the Philippines.

Dr. H. S. Moore will be in Indianapolis by November 6th. He has resigned as assistant surgeon, after a year's service, and will be permanently in Indianapolis.

Dr. Frank W. Foxworthy, of Indianapolis, Assistant Surgeon Thirty-fourth United States Infantry, in Luzon, has an article in the *Philadelphia Medical Journal* of October 13th on Calentura—a fever of the region occurring in December, Jan-

uary and February, which exhibits the symptoms of a simple continual fever, with a small mortality. The article occupies two pages, and is very interesting.

### Shoemaker-Watt.

Tuesday at high noon, October 23d, occurred the wedding of Dr. S. A. Shoemaker and Miss Mary Watt at Watt beautiful residence four  $_{
m miles}$ east of Muncie. The groom, Dr. Shoemaker, is a physician of Poneto, Ind., and not only enjoys a good practice, but a large circle of friends, both in and out of Wells county. The bride is the accomplished daughter of John C. Watt, so well and favorably known in Delaware county. The ceremony was performed by the Rev. C. W. Shoemaker, pastor of the M. E. Church, of Perkinsville, who is a brother of the groom, and who, only about a year ago, was married to the sister of the bride. Dr. Shoemaker is a graduate of the Medical College of Indiana, class of '98. He is secretary of the Wells County Medical Society.

### The Consul at Bahia.

Dr. Henry Furniss, United States Consul to Bahia, Brazil, is home at Indianapolis, with his father and his brother, Dr. Sumner A. Furniss, for a month's vacation. He has traveled extensively in South America, up the Amazon and across the continent from Buenos Ayres to Valparaiso. He will contribute an article to our December issue upon the medical features of the regions he has visited, including researches in malarial fever.

### Marriage of Dr. Frank P. Bohn.

Dr. Bohn writes the JOURNAL that he was married October 9th to Mrs. Lucy J. Hubbert, in Newberry, Luce County, Mich. Dr. Bohn is a graduate of the Indiana Medical College, class of 1890, and has been practicing successfully his profession in the mining regions of Northern Michigan for ten years. Newberry is about seventy-five miles northwest of Mackinaw, and is the county seat of Luce county. Dr. Bohn is the president of the leading club of the city—the Taquamenaw—and the wedding occurred at the fall

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opening party of the club, a surprise to the assembled guests. The county has 3,000 population, about half of whom live in Newberry, where Dr. Bohn is the leading physician.

### NECROLOGY.

### Wm. T. Newton, of Indianapolis.

Wm. T. Newton, M. D., of this city, died at his residence on the afternoon of October 21st, at the age of forty-seven Death came suddenly while engaged in conversation with his physician, Dr. Thos. B. Noble, who had been attending him during an acute attack nephritis, which has been in progress for ten days previous, and from which he had The immediate completely recovered. cause of death was angina pectoris; the heart stopped beating at once, though respirations continued for two or three min-The face and neck were deeply cyanosed during the respiratory movements, which were full and free, but became less and less frequent until complete cessation.

On the following day an autopsy was held in the presence of Drs. Maxwell, Brayton, Kolmer and Wishard. Without going into detail regarding the findings of all the organs examined, it may be said that nothing existed abnormal outside of the circulatory system. Marked atheromatous changes were present in the coats of the aorta and coronary arteries. The latter were particularly affected. Over the orifice of the left coronary there was a hard papillary excresence, crescentic in shape, which dropped down in an apronlike way so as to exclude at least half the volume of blood as it entered the vessel. The right coronary, one-half inch from its orifice, was so thickened by like changes as to be almost occluded. The lumen at this point would barely admit a probe the size of an ordinary knitting needle. While true angina pectoris is a rare disease, it is much more rare that it should kill in its first paroxsym. No history can be gained to show that symptoms of the condition had ever shown themselves before. The doctor died while in the act of laughing immediately after rising to the sitting posture from the recumbent, and at a time when the heart was under emotional influences. The same exciting cause was present in the case of John Hunter, who said that he was at the mercy of his enemies,

and died in a fit of anger. Dr. Newton was graduated from the Medical College of Ohio in the spring of 1876. He began the practice of his profession at Mt. Carmel, Ind., where he remained for five years. Okeana, O., received his services during the next two years. From Okeana he removed to Hope, Bartholomew county, Ind., where he remained until elected to the Legislature, serving the session of 1897. During this meeting he took an active part in securing the passage of the bill which now controls the medical practice of the State. He came to this city for permanent residence immediately upon adjournment of the Assembly, and in the short time since secured for himself a considerable patronage. He was honest, he was loyal. always placed the interests of his patients first. Kind, considerate, conscientious, he has left a place which can only be filled by some other good man. At the time of his death he was professor of materia medica and therapeutics in the Central College of Physicians and Surgeons, which chair he had occupied since 1897.—T. B. Noble.

[Dr. Newton's case evidently belongs to the group in Osler's lectures, at Johns Hopkins Hospital (New York Medical Journal, August 8, 22, 29 and September 25, 1896; also Indiana Medical Jour-NAL of October, 1896, pages 125-138), of "Sudden Death Without Other Manifestations of Angina Pectoris." Sir Walter Foster called the disease a "mode of death," and Seneca's malady was known as a "meditatio mortis." Of Osler's fifteen cases, eight died suddenly. Of the three Indiana physicians under the observation of the writer who died with angina—Drs. George Duzan, of Indianapolis; Ellis Horton, of Monrovia, Ind., and Dr. Newton-all died suddenly. Dr. Duzan and Dr. Newton both suffered from Bright's disease, as shown both clinically and by autopsy. Both had coronary atheroma. In the case of the celebrated sculptor, Thorwaldson, the awful suddenness, struck sharp on death," was accounted for by the sudden bursting of a small atheromatous abscess in the coronary artery. Such arrest of the heart occurs experimentally in animals after ligation of a coronary vessel.

Dr. Newton's case is also an instance of

death in the first well marked paroxysm of the disease, of which very few cases are known. That of the great Rugby teacher, Dr. Thomas Arnold, is one of the most remarkable on record, and is made historic by the graphic account of Latham. His first pain was at 5 in the morning, and he died before 8—arose, as stated by his distinguished son,

" \* \* \* \* to tread

In the summer morning the road

Of death, at a call unforseen,

Sudden."

Mathew Arnold lived in apprehension of angina, of which he finally died. His poetry is tinged with this expectancy of sudden death, as was the life of the illustrious John Hunter. In the case of Thomas Arnold the heart was soft and flaccid, with but one coronary artery, and this of small dimensions, with an atheromatous deposit an inch from the orifice. And in the case of Dr. Duzan, one of the coronaries was entirely plugged with such a deposit, as shown by the sections made by Dr. Robert Hessler, who assisted the writer in the autopsy. Dr. Newton's death, like that of Thomas Arnold's, was unexpected to him, like a bolt out of a clear sky. This awful suddenness is in some ways a desirable way for the physician to die. The grief is with the friends -not with the patient. And it is of interest that three of our physicians should, within a few years, have died of angina pectoris.—A. W. B.]

### Alexander H. Johnson.

Alexander H. Johnson, of Newark, N. J., died suddenly at the Denison House at 10 o'clock Thursday night, of heart discase. He came to Indianapolis with the party representing the Newark Board of Health, of which he was a lay member, to attend the annual convention of the American Public Health Association.

He was not feeling well during the evening, but started with his friends to attend the theater. Becoming ill on the way, D. D. Chandler, a member of the party, returned to the hotel with him. In the corridors he had to be assisted and died in a few minutes after reaching his room. He was conscious almost to the time of his death and told Mr. Chandler that he thought he was going to die.

Mr. Johnson was well known in Newark, having been a member of the City Council for a number of years and was active in the public health movement. He was also prominently identified with the Mutual Benefit Life Insurance Company, of Newark, with which he had been connected for more than thirty years, in the New York office. He leaves a son, Frank Johnson, and his mother, who is nineignour years old.

### Dr. Ellis Horton.

Dr. W. D. Hoskins received word Saturday, October 6th, of the death of his uncle, Dr. Ellis Horton, at Monrovia, a few hours after the death of his wife. Dr. Horton was fifty-eight years old, and one of the best physicians in Morgan county. He was the author of "The Hoosier Practitioner," and, with his wife, was a prominent member of the Society of Friends. His wife died last night of a stomach ailment, and heart disease carried him off this morning.

The couple leave six children. Two sons, Frank and Will, are practicing medicine at Monrovia; Blanchard is teaching school in Morgan county, and the youngest son, Clair, is still in school. Mrs. Hadley, a daughter, lives at Monrovia, and the other daughter, Mrs. Frank Ballard, lives in Chicago. The burial will be at West Newton to-morrow afternoon.

The above notice is from the *Indianap*olis Press. Dr. Horton died from an attack of angina pectoris, from which he has suffered for nearly a year—a complication of other heart lesions following rheumatic fever. His wife preceded him by less than a day, her death being due to carcinoma of the duodenal region, which, happily, was nearly painless. The present writer saw Dr. Horton in the early summer and again a week before his death, in consultation with Dr. Holliday, of Mooresville; Dr. Wesley Allen, of West Newton; Dr. Hubbard, of Monrovia, and Dr. Horton's two sons, Frank and Will. He suffered much, but with great heroism. The double funeral at Monrovia was attended Sunday, October 7th, by over 700 people, and nearly as many were present at the entombment at West Newton the same day. Dr. Horton met the old definition of the physician: "A good man skilled in healing."—A. W. B.]

### Reviews and Book Potices.

### New Books and Old Books.

Doubtless it would be unfair to argue that the pressure of new books has permanently displaced the old books which our fathers read and which are recognized, even by those no longer familiar with them, as classics. But it certainly does seem as though there were a temporary eclipse of the old lights. Even the really substantial books of recent years histories, biographies and memoirs—are crowded out by the flood of novels, a few good and many bad, that now fill the book stores. And this is a real loss. The fondness for the fluff and froth of literature is to a certain extent the result of a sort of snobbishness. We like to read the books that other people are reading, and to talk about what we have read, so that we may not seem to be out of date. There is, too, an insane feeling that one is under an obligation to know the latest book. we run after the latest novel, chant the praises of the newest writer, and, though we may read nothing really worth while from one end of the year to the other, we fondly imagine that we are literary. There are several fallacies in this position that are interesting. The most fatal is that there is any special virtue in reading as reading. It all depends on what you read. This is no plea for the solemn in literature. It is as legitimate, within limits, to read for amusement as for anything else. But it ought to be possible for rational men and women to get amusement out of the best books. Moreover, amusement is not the only thing to be sought. Inspiration, uplift, instruction, information, a cultivated taste-all these things ought to be cared for. For the most part, they are sadly neglected at the present The result is that we are developing readers who read much and yet know nothing. Superficiality, triviality, frivolity, and positively disgraceful ignorance are the consequences. The person that has read all the new novels, and yet is ignorant of Thackeray, for instance, is simply a barbarian. So it is well to be on our guard against the present tendency. It is fatal to intellectual seriousness—and intellectual seriousness is a great and saving quality. The man that can resist the lure of the up-to-date publisher, and turn

quietly to some masterpiece for refreshment-whether it be old or new does not greatly matter, for there are new ones-is well on the high road to salvation. Culture, poise of mind, ability to appreciate the beautiful and true, knowledge, power, and the consciousness of the possession of that sound critical faculty that can only come from an acquaintance with good literature, are some of the rewards that flow from a wise discrimination in the books that one reads. And surely it is better to have these than to be able to say that you have read the very latest novel.— Indianapolis News, October 20th.

An American Text-Book of Physiology. Edited by Wm. H. Howell, Ph. D., M. D., professor of physiology in the Johns Hopkins University, Baltimore. Second edition, revised. W. B. Saunders & Co., Philadelphia. Price, \$3 per volume.

The second edition of this popular textbook appears in two volumes, the first edition consisting of but one. This change has made necessary a slight change in the

arrangement of the text.

The actual amount of material remains about the same; the only matter which is distinctly new and can be referred to definitely, being found in the section upon the central nervous system and in a short section upon the modern ideas and nomenclature of physical chemistry. Statements that have been shown to be wrong have been eliminated, and the mere facts and newer points of view have been incorporated.

The contributors to this volume are Curtis, of Columbia University; Howell, of the Johns Hopkins University; Reichert, of the University of Pennsylvania; Lush, of Yale, and Porter, of Harvard, and it includes articles on the blood, lymph and circulation; secretion, digestion and nutrition; respiration and animal heat, and chemistry.

This is one of the most comprehensive, the best and the latest of works on physi-

ology.

Rhinology, Laryngology and Otology in General Medicine. By E. P. Friedrich, M. D., privatdocent at the University of Leipzig. Edited and translated by H. Holbrook Curtis, consulting surgeon to the New York Nose and Throat Hospital and to the Diphtheria and Scarlet Fever Hospital, New York. W. B. Saunders & Co., Philadelphia and London. Price, \$2.50.

This is an elaborate treatise on a theme which is original for the manner of associating its parts. It is devoted to the manifestations of general diseases as found in the ear, the nose, the pharynx and the larynx.

No better argument against early specialism can be found than this work. The interdependence of diseases of the entire organism to diseases of local parts is made so intimate and extensive as to make the practice of a specialty with a thorough knowledge of general medicine appear absurd.

The masterly manner in which the subject is treated, and the profound knowledge and extensive research of the writer is but little short of astonishing.

The Pathology and Treatment of Genito-Urinary and Venereal Disease and Syphilis. By Robert W. Taylor, A. M., M. D., clinical professor of venereal diseases in the College of Physicians and Surgeons, New York. New (2d) edition. In one very handsome octavo volume of 720 pages, with 135 engravings and 27 full-page plates in colors and monotone. Cloth, \$5, net; leather, \$6, net. Lea Brothers & Co., publishers, Philadelphia and New York.

This is one of the best works on venereal diseases in the language. Its exposition of the subject is clear, distinct and broad, and is marked by practicality and rational conservatism. The exhaustion of the large first edition has given its eminent author an opportunity to radically revise his work so that it now reflects the most up-to-date knowledge in its field.

While nominally a revision, Dr. Taylor has utilized his opportunity to produce what is practically a new work. Broadening his field by the inclusion of genitourinary diseases and impelled by the necessity of giving generously of space to the advances which have marked this specialty, the author found a rewriting of the entire volume necessary to preserve the usefulness of his work.

In its present shape the volume can justly claim to be the most complete, comprehensive and trustworthy exposition of its closely related subjects. The rich ser-

ies of original illustrations has been revised with no less care than the text, and some twenty full-page colored plates have been added.

Buck's Reference Hand-Book of the Medical Sciences, embracing the entire range of scientific and practical medicine and allied sciences by various writers; a new edition, revised and rewritten. Edited by Dr. A. H. Buck, of New York City.

This work is put forth by Wm. Wood & Co. Volume I, from "Aix la Chapelle" to "Bladder," was sent out for sale and review in early October. The first edition was issued in 1887. In 1894 a supplementary volume was issued. So rapid, however, has been the progress of medicine and the sister sciences that it was found necessary to rewrite nearly the entire work.

Department advisers were selected: Dr. Baker, of Washington, on anatomy; W. H. Park, on bacteriology; Dr. R. A. Witthaus, on toxicology and medical jurisprudence; Dr. E. O. Otis, on climatology; Dr. J. A. Booth, on climatology; Dr. Geo. G. Jackson, on dermatology; Dr. Robert Lewis, on ear, nose and throat; Dr. C. S. Minot, on embryology and biology; Dr. W. T. Councilman, on pathology; Dr. G. Woolsey, on general surgery; Dr. A. Brayton Ball, on infectious diseases; Dr. C. F. Martin, on infectious diseases; Dr. C. G. Coakley, on laryngology; Dr. H. H. Busby, on materia medica; Lieutenant-Colonel Charles Smart, on naval and military medicine, and Dr. Geo. C. Freeborn, on normal histology.

These, assisted by a corps of eminent authors, have arranged for the completion of the work. It is hardly necessary to review so well-known a work as this; to the majority of our profession it needs only the statement that this new edition is up-to-date, and for long will be the condensed library of the medical sciences.

Pathology and Morbid Anatomy. By T. Henry Green, M. D., F. R. C. P., physician and special lecturer on clinical medicine at Charing Cross Hospital, etc. New (9th) American from ninth English edition. Revised and enlarged by H. Montague Murray, M. D., F. R. C. P., lecturer on pathology and morbid anatomy at Charing Cross Hospital. Revised for America by Walton Martin, Ph. B., M. D.,

of the College of Physicians and Surgeons, New York City. Handsome octavo volume of 578 pages, with four colored plates and 339 engravings. Cloth, \$3.25, Lea Brothers & Co., publishers, net.

Philadelphia and New York.

In preparing a new edition of this favorite text-book, nearly one-half of the subject matter has been rewritten and many new sections have been added by the English editor, Dr. H. Montague Murray. In order to adapt the work still more fully to the needs of American students, it has been carefully edited by Dr. Walton Martin, who has supplied complete chapters on malaria and on the blood and has added a chapter on the preparation and staining of tissues for microscopic study.

The effective series of illustrations has been increased by 180 engravings and

some colored plates.

Taken as a whole, this standard work has virtually been re-created and will be found to respond to the wants of the students to even a greater degree than did its eight preceding editions.

Studies in Pancreatic Digestion, Made With Pancreatic Juice. By B. K. Rachford, M. D., professor of therapeutics, Medical College of Ohio; pediatrist to Cincinnati and Good Samaritan Hospitals; member Association of American Physicians and American Pediatric Society; Cincinnati Lancet-Press.

1. Influence of bile on the fat-split-

ting properties of pancreatic juice.

2. Fat digestion.

The diastatic action of pancreatic 3. iuice.

Influence of bile, of acids, and of alkalies on the proteolitic action of pancreatic juice.

digestion from the Pancreatic standpoint of the comparative anatomy of the bile and pancreatic ducts in mam-

6. Pancreatic digestion of casein. In a brief preface the author says:

"This book (100 pages) is a reprint of a series of research articles originally printed in various medical journals. These studies were made with rabbits' pancreatic juice, and the conclusions here presented differ somewhat from those arrived at by other investigators working with pancreatic extracts. Since these differences of opinion exist, I have thought best to reproduce these papers in a convenient form, that they may be more accessible to

students of intestinal digestion."

The investigations upon which these studies are based were made in 1890 in the Berlin Physiological Laboratory, and have since been extended and experimentally interpreted. The author is known as one of the most accurate and judicious students of medicine in Cincinnati, and those who read these studies on pancreatic digestion will be well repaid. Copies may probably be obtained through the author or from the Lancet-Clinic Press.

The Quarterly Review for Octoberpublished in London, October 24th-will contain an important article on "The Coming Presidential Election," analysing the issues of the campaign and forecasting its result. The article will be reprinted entire in The Living Age (Boston) for November 3d—ready November 1st. According to the custom of The Quarterly, the article is unsigned, but it is written by Mr. Edward Stanwood, author of "A History of the Presidency."

A Text-Book Upon the Pathogenic Bacteria. By Joseph McFarland, M. D., professor of pathology in the Medico-Chirurgical College, Philadelphia; pathologist to the Medico-Chirurgical Hospital, Phil-W. B. Saunders & Co., adelphia, etc. Philadelphia. Third edition, revised and enlarged. Price, \$3.25.

It has been the effort of the author to include only those bacteria whose pathogencity can be proven by the lesions or toxins which they produce. However, non-pathogenic bacteria closely resemble certain pathogenic forms are briefly considered for the purpose of

differentiation.

The technical procedures necessary in the study of bacteriology, and description of the life history of the important bacteria and the lesions caused by them are concisely given.

The extensive progress that has been made in this subject has rendered necessarv this revision and the changes are found where the advances have been most rapid, that is, under tuberculosis, diphtheria, tetanus and the plague.

The selection of this work as the stu-

dents' text-book by so many medical colleges is a merited recognition of the thorough and practical manner in which the author has treated his subject.

In an advance review of Hamilton W. Mabie's "William Shakespeare: Poet, Dramatist and Man," Professor F. H. Stoddard speaks of it as "almost unique in Shakespeare literature in that it is a continuous and thoroughly worked-out study of the whole personality of Shakespeare," and he goes on to say that "of. course it contains his life, and records practically all of the facts, including some not before well known, of the childhood and manhood of Shakespeare; and in its treatment of the separate plays and poems it gives literary criticisms full of delicate appreciation and insight. But the special value of the book is that it presents from one standpoint a complete picture of the whole Shakespeare environ-It sets before us the country in which Shakespeare lived, the struggles of his early years, the influences which made him, the literature which surround him. All this is illustrated, in the full sense of the word, not alone with pictures of the scenes, the places and the men that Shakespeare knew, but also with all that wealth of allusion which familiarity with the entire range of English literature can To a remarkable degree, also, Mr. Mabie has succeeded in getting what a painter might call the atmosphere of the plays, and he makes for us a reality out of the complex and certainly very elusive personality of the poet. This continuity of impression stamps the book as a useful The MacMillan Company, **\$**6. New York.

Ballinger & Wippern on the Eye, Ear. Nose and Throat. A pocket text-book of diseases of the eye, ear, nose and throat, for students and practitioners. By William L. Ballinger, M. D., assistant professor of otology, rhinology and laryngology in the College of Physicians and Surgeons, Chicago, etc., and A. G. Wippern, M. D., professor of Ophthalmology and Otology in the Chicago, Eve, Ear, Nose and Throat College. In one handsome 12mo. volume of 525 pages, with 150 engravings and six full-page colored plates. Cloth, \$2, net; flexible red leather, \$2.50, net.

Lea Brothers & Co., publishers, Philadelphia and New York.

This is a compendious, authoritative and practical work treating the closely related subjects covered with special advantages for students and general practitioners. Diseases and abnormalities of these organs are among the most common of ailments, and every medical man should be equipped to handle them. Such a work as the present will convey a fundamental grasp for these specialties without extensive research, and it will be found particularly convenient for quick refer-It reflects the most advanced state of all its subjects both in theory and practice, ample space being reserved for the departments of diagnosis and treatment. It is abundantly illustrated and issued at the moderate price characteristic of the entire series.

Saunders' Question Compends now includes "Leroy's Essentials of Histology."

This is No. 25 of this popular series, of which 175,000 copies have been sold, as self-helps and short cuts for students and practitioners. Some of these are by notable authors, as the Physiology, by Hare; the Skin Diseases, by Stelwagon; the Anatomy, by Nancrede; the Medical Diagnosis, by Solis-Cohen and Eshner, etc.

The Histology is by the professor of histology and pathology in Vanderbilt University, Nashville. It has the usual question form, with abundant illustrations.

Cancer of the Uterus; Its Pathology, Symptomatology, Diagnosis and Treatment; also the Pathology of Diseases of the Endometrium. By Thomas Stephen Cullen, M. B. (Toronto), assistant professor of gynecology in the Johns Hopkins University. With eleven lithographic plates and over three hundred colored and black illustrations in the text, by Max Brodel and Herman Becker. New York: D. Appleton & Co., 1900. Pp. 693; large octavo.

This elaborate work has been written to enable the general practitioner to make early diagnosis of the horrible disease of which it treats, with a view to the saving of life by early operation. It is not necessary in this connection to refer to the importance of the subject.

The author has had ample opportunity

and material for his classification and illustrations, so that his work may be con-

sidered reliable and practical.

Any practitioner having to do with cancer in any of its aspects will find this book of service. The text is classically written, the illustrations works of art, and the physical part all that could be desired.—

The Medical Times.

Diet Lists and Sick-Room Dietary. By Jerome B. Thomas, A. B., M. D., instructor in materia medica Long Island College Hospital; assistant bacteriologist to Hoagland Laboratory. W. B. Saunders, Philadelphia. Price, \$1.25 net.

This is a book of detachable diet lists for albuminuria, anæmia and debility, constipation, diabetes, diarrhœa, dyspepsia, fevers, lithæmia, obesity and tuberculosis, with formulæ for numerous foods for invalids and general rules for the preparation and administration of foods by the rectum.

It is both a convenient and valuable epitome of this important and muchneglected adjunct to the practice of medi-

cine.

Clinical Studies in Epilepsy. From the Craig Colony at Sonyea, N. Y. By L. Pierce Clark. 1. Exhaustion-paralysis in Epilepsy. 2. Paramyoclonus Multiplex associated with Epilepsy. 3. Hypertrophic Infantile Cerebral Palsy and Phocomelus associated with Epilepsy. Utica, N. Y.: State Hospitals Press, 1900. Pp. xii-230.

The present papers include clinical studies in exhaustion-paralysis in epilepsy, paramyoclonus multiplex associated with epilepsy and hypertrophic infantile cerebral palsy and phocomelus associated with epilepsy. All three topics are interesting, as the conditions are rare. The writer has added new facts and has carefully criticised and summarized earlier observations. The opportunity for clinical study and record is by no means the least benefit arising from the establishment of large charitable institutions like Craig Colony. —New York Medical Journal.

Twentieth Century Practice; an International Encyclopedia of Modern Medical Science. By leading authorities of Europe and America. Edited by Thomas L.

Stedman, M. D., New York City. In twenty volumes. Volume XX. "Tuberculosis, Yellow Fever and Miscellaneous. General Index." New York: William Wood & Co., 1900.

This volume closes a monumental work. We have yet to meet a single physician who is dissatisfied because he subscribed for the "Twentieth Century Practice." Published at a time when etiology and pathology had undergone a fundamental revolution, this great work has assembled, sifted and arranged the vast accumulations of the last twenty years. Its value, both medical and historical, will increase as the new century increases.

A Text-Book of the Diseases of Women. By Henry J. Garrigues, A. M., M. D., gynecologist to St. Mark's Hospital in New York City; gynecologist to the German Dispensary in the City of New York; consulting obstetric surgeon to the New York Maturity Hospital, etc.

The high favor with which this book was received and its large sale have made

necessary three editions in six years.

It is one of the most systematic and

practical of text-books.

The etiology, symptomatology and diagnosis are briefly but definitely considered; the consideration of pathology is not extensive, but the treatment is full and varied.

But few changes were necessary in the revision, and the book still commends to

all students.

July number of International Clinics. This work has been most favorably received by the members of the medical profession and occupies a field peculiarly its own. Its contents are composed of clinical lectures so written as to embody the polyclinic idea of teaching and of practical articles written by specialists upon topics of interest to the general practitioner.

The book is richly illustrated and the contributors are selected both from Europe and at home. This number contains the last literary work of the lamented Ashurst and Whittaker. These gentlemen exercised their judgment upon a number of articles as to whether or not they should appear in the pages of the *Clinic*.

No. 6.

INDIANAPOLIS, DECEMBER, 1900.

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# Indiana Medical Journal.

Vol. XIX.

INDIANAPOLIS, DECEMBER, 1900.

No. 6.

# Addresses and Original Communications.

### THE PHYSICIAN'S SUCCESS FROM A BUSI-NESS AND INTELLECTUAL STANDPOINT.

BY DAVID W. STEVENSON, M. D., RICHMOND, IND.

If a doctor expects to live by his practice he ought to establish a regular business system. The system that follows the business customs of the world and gives the best results is to send out statements each month.

Paul said to Timothy: "If anyone provide not for his own, and especially those of his own house, he is worse than an infidel."

That means it is better to be an infidel than a poor collector.

A word here in regard to discounting bills. It is best not to educate the people to expect such. When the bill is four dollars and sixty cents, always expect to get the sixty cents. When a man asks you to drop the sixty cents, stand and look at him. Silence and a surprised look will nearly always control these unbusiness-like methods. Physicians who deduct large discounts would be surprised if told that they were trying to control trade by lowering the fee bill. Discounts, if ever given, ought to be for cash patients, and not for credit patients.

Both overcharging and undercharging are unwise, but to adhere closely to an honorable and manly fee bill, is sagacity. There have been numbers of times when a physician has permitted a patient to ask for ten cents' worth of quinine or "a quarter's worth of that last medicine." It would be far better to give the quinine without charge in such cases rather than lower the fee bill.

I have seen a farmer in an Ohio town take a half hour of the doctor's time and receive a six-ounce bottle of medicine and only pay thirty cents. What chance to support a family, or pay a fire or life insurance, is there under such conditions?

Within the past few weeks a health officer in an Indiana county informed us that he was burned out and had no insurance, asking us for help. We sent him books sufficient to form a nucleus for his library, instruments, and money to help replace what he had lost. Such conditions ought never to happen if doctors will keep up the fee bill and thus be able to pay for sufficient accident, fire and life insurance, which are generally the safest forms of investment for physicians.

The following condition was found in Richmond a short time ago: A doctor would be called to administer an anesthetic, perhaps, for some dentist. physician might use a pound of ether, and yet in some cases the charge would only be one dollar and a half. Think of a condition where the patient might be held near the borderland of life for a half hour or an hour by a trained and educated physician and then only receive such a paltry sum, hardly enough to pay for the anesthetic. Letters were written to all the doctors in town to decide what the minimum fee for giving anesthetics should be. Many wrote consistently that five dollars was the least that ought to be paid. But it was at last decided that the anesthetist would be paid a minimum fee of three dollars for short operations and five dollars for long ones, and not be expected to furnish the ether.

When the people select a physician the choice is probably never made in reference to his business methods, but from the standpoint of medical proficiency and their regard for him as a man. With the

sick, the most valuable services are none too good. The patient will agree to any compensation within reason at the commencement of treatment. Have an early understanding with the patient.

It is now in place to leave financial matters and take up the more agreeable subject of the relation of doctors to each other. Blackstone, the great lawyer, states that if two men were out on the wide ocean on a plank, and one of the men found that they could not both live on the plank, it would be perfectly legal and proper that the one man should slip the other fellow off into the deep sea. our medical opponents live on dry land. The days of duels are past, and the twentieth century doctor finds it best to live and let live, and to follow the Golden Rule.

When a young physician of my acquaintance entered practice in a country town of three hundred inhabitants he found an older doctor, about double his The people told him that four or five doctors had previously been there and they had all quarreled with the present occupant. He wrote to me for advice, for he said many advised him not to call on the old doctor or have anything to do with him. I wrote him to have everything to do with him, to go and shake hands. The physician did so, and urged him to partake of free use of his library and instruments. That relationship ripened into the most unselfish friendship. The old doctor gave freely of his ripened experience how to treat diseases peculiar to that district, how to get cash from some and where it was safe to extend credit to others. Where the patient progressed badly, or there was death, he stood always willing to explain and defend the young

Acts of neighborly kindness are frequently performed by physicians for one another, and go far, very far toward neutralizing the ruffles, stings and collisions of interests which the very nature of our profession make inevitable. **Patients** often, when they leave one doctor, feel impelled to misinform and prejudice the new. Let us always wait and avoid anything but courteous rivalry between physicians.

By doctors standing together it helps to

uphold medical legislation and examinations by the State Board of Medical Examiners. Compare the two States of Indiana and Minnesota, the latter of which has had a good medical law for a number The latter has only one-third of years. the number of doctors as to population that Indiana has, and only two schools are permitted, while Indiana has them all. Compare the town of Richmond, Ind., which, according to Polk, shows fifty-four doctors, with several not mentioned, with Duluth, at the head of navigation, with about the same number of doctors, but over three times the population, with possibilities of being in a business way one of the great trade centers of the Northwest.

I have found some four towns in Massachusetts which had three thousand population to each doctor, while there are scores of towns in these two States which have over one thousand population per doctor.

We all should help build up the State, district and county medical societies. At our last bi-monthly Wayne County Medical Society we had nineteen in attendance. When we meet face to face, the love of science generally causes medical antagonism to dissipate.

There are two classes of physicians who ought to be especially well treated—the

young and the old.

When a young man is trying to find a place it is proper to tell him how crowded our locality is and the possibilities of other places, but after he has cast his lot with us it is in place to urge all regular physicians to call on him and urge him to attend the local society.

As for the old, let me cite the example of one who has made a real success as a physician, Dr. James Hibberd, of Richmond, Ind., ex-president of the American Medical Association, now eighty-four years of age, and still in practice. The born foe of all quackery, the friend of all that is progressive and scientific in our profession, he has constantly helped to build up the State and local societies. He was telling me just a short time ago how busy it kept him at his Gould's dictionary to follow the pathological terms of the young men who write the editorials in the Journal of the American Medical Association. Such a man will be missed, sadly missed, among all the doctors when he leaves us. To the honor of the profession it may be said that quite a number of the young doctors still turn him a little consultation practice.

Our science is advancing with leaps and bounds. Who would not accompany it? The wonders of the neuron theory is laying wide the mysteries of the mind, the brain and the nervous system. Even the study of the mosquito is bringing us

new views as to malaria.

All doctors read up their cases, but to keep up it is necessary to do more. A record book filled with the details of the examination of each successive patient ought to be found on every doctor's table. Clinically, it is one of the best ways to advance. There would be much less complaint of unemployed time if patients were given as careful examinations as we would make for a man applying for a one hundred thousand dollar life insurance.

The great question is how to keep from getting old in medicine. You can always recognize a fossil in medicine by the fact that he is not keeping up on the fundamental studies of histology, physiology and pathology. The greatest of these is

pathology.

There is a pathological quiz class in Richmond composed of seven young men. They meet once a month at one of their offices. The host of the evening has previously written a number of questions, on which the members have studied during the month. They have taken up on successive evenings such subects as cancer, sarcoma, inflammation, degenerations, the blood, the lymphatic system, and many others.

The quizzes are of the most rigid character, and there is possibly no better way by which active practitioners can keep the foundations of their medical knowledge

modern and up-to-date.

It would be well if these quiz classes were established in every village to the intellectual advantage of the doctors. No man can truly study and advance with our science but will stand true to the regular profession. It would help to extend all scientific work, such as consultations and post-mortems.

# THE DIAGNOSIS AND TREATMENT OF GALL STONES.\*

BY JAMES HENRY CARSTENS, M. D , DETROIT, MICH.,

Professor of Obstetrics and Clinical Gynecology in Detroit Medical College; Obstetrician to the House of Providence; Visiting Physician to the Woman's Hospital; Member of the British Gynecological Association; Ex-President of the American Association of Obstetricians; Chief of Staff and Gynecologist of the Harper Hospital; Member of the American Medical Association, etc.

When Dr. John Stough Bobbs thirty-three years ago first performed an operation for gall stones in Indianapolis he did not receive the credit to which he was entitled, on account of the conservatism existing in the profession at that time, and which was perfectly justified by the large mortality following all kinds of operations, especially those within the abdomen. Only after a third of a century was the significance of the operation properly appreciated.

Six years later Lister first suggested antiseptic surgery, and it took six years more to have that method of operating universally recognized as valuable. It took another dozen years to perfect it, and, even now, after a quarter of a century, there are still moot points about aseptic

surgery.

Finally, a clear conception of its value in surgery was recognized, and it was made use of, especially in the direction of pelvic surgery, and the profession were kept busy clearing up the points of that

part of abdominal surgery.

This can be easily understood when we recognize the frequency of pelvic diseases of various kinds. But mistakes were sometimes made in the diagnosis as a bolder spirit was developed, and other abdominal organs were gradually attacked, first accidentally through a mistake in pre-operative diagnosis, afterwards deliberately.

The vermiform appendix required a great deal of attention, as, on investigation, it was found that it was frequently diseased. The profession has been occupied for a long time in the effort to at least partially settle that still vexed question. But new fields had to be conquered, and as the result of the frequent opening of the abdomen other abdominal organs

<sup>\*</sup>An address before the Marion County (Indianapolis) Medical Society, November 13, 1900.

were explored at the same time and frequent coincident diseased conditions found; these were frequently remedied at the same time.

It was strongly urged in obscure abdominal troubles to make a so-called exploratory or confirmatory operation, and every experienced abdominal surgeon to-day performs in the course of a year quite a number of operations where he is unable to make a positive diagnosis. In some cases he absolutely has no idea what the trouble is, but from the symptoms he is convinced that there is some condition of the abdomen which cannot be relieved by medication, some condition within the abdomen which is purely mechanical, and requires manual interference.

So much for general considerations. In the consideration of my subject the anatomy of the parts and relation of various organs in the locality of the gall bladder I will not dwell upon, as you all understand them, but will begin at once with

the causation of the disease.

The etiology is not cleared up. questionably, gastro-intestinal catarrh extending into the gall duct and causing occlusion with jaundice is frequently the cause of inflammation and of gall stones. Injuries producing more or less obstruction of the bile ducts will also tend to the production of stones. Still, there is something back of all this, and it has now been shown that pathogenic organisms are at the bottom of it. It has been clearly proven that the bacillus of typhoid fever may be the origin of gall stones, as does also the bacillus coli communis, and perhaps other organisms, so that, in short, we might say that diseased conditions of the duodenum from whatever cause tend to produce obstruction of the bile duct and the formation of gall stones, but as a nucleus there must be the results of bacterial infection.

And now as to the symptoms of gall stones. They are more frequently found than was formerly suspected, because in many cases they produce no symptoms whatever. In other cases one or two severe attacks of colic occur while the stones are small and can get into the duct, but as soon as they get a little larger they cannot get into the duct. These large stones may produce no pains, no symp-

toms whatever. There are other cases that produce no symptoms at all at first, regardless of the small size of the stones, nor during their course of development until they reach an immense size and fill up the gall bladder; then they produce symptoms which lead the patient to seek medical aid.

This is our weakest point. In the present state of our knowledge we cannot point to any pathognomonic symptom clearly indicating gall stones. Pain in the region of the liver, severe and sudden, excruciating, only relieved by large doses of morphine, occurring occasionally at irregular intervals, is very suggestive of gall stones. Still, we have pain, acute gastritis, obstruction or indigestion which cannot be distinguished from it. ever, I have formulated for myself this rule: To inquire when the pain occurs. If it occurs always after eating, it is probably due to some form of indigestion. If, however, it occurs when the stomach is absolutely empty, wakes the patient at night, or occurs early in the morning just before rising, then I strongly suspect gall stones.

The old text-books strongly emphasized jaundice as one of the symptoms. This is still true in cases that are well marked where the obstruction continues, but today more is required of the practitioner. He must diagnosticate gall stones not in those rare cases where jaundice is present, but in that vast majority of cases where it is absent. In some cases where the stone obstructs the passage only for a few hours or a day, and then slips back intothe gall bladder or passes out into the intestine, the temporary obstruction is followed by jaundice, but not very often. It takes long-continued obstruction of the gall ducts to produce marked jaundice; slight tinge of the conjunctiva is often present when people have no gall stones.

The other symptoms are a feeling of fullness or soreness in this region which cannot be well described by the patient. It is only when the stones are small, as a rule, that colicky pain is produced. If the stone gets larger it does not pass into the duct, but simply continues to grow. Perhaps new ones are formed, strictures of the gall bladder takes place and the gall bladder increases in size so that it

can be mapped out by palpation, but here we meet another trouble which I will now consider.

It is the rule, you might say, that people with gall stones are fleshy, so that it is utterly impossible to make out anything by palpation until the next stage de-

velops.

By reflex irritation various symptoms and disturbances of functions ensue. Gall stones produce reflex nervous symptoms just as disease of the appendix does, or of the pelvic organs or any other part of the body. Although I want to limit the current views on reflex disturbances, still I am sure they exist in some cases.

We have malnutrition, malassimilation of food, and when the patient becomes thin we may often map out the gall bladder without difficulty, sometimes even feel the stones through the abdominal walls.

Or we have that other important secondary condition brought about, that is, microbic infection and suppuration of the gall bladder, with symptoms of sepsis, very high fever, and unless relieved by prompt operation, ulceration of the gall bladder, infection of the peritoneum, sep-

tic peritonitis and death.

This is not always diagnosed so easy. It is easy enough to make the diagnosis of sepsis or abscess in the patient previously apparently healthy. The pain may be on the right side just below the ribs running to the back. You may have an abscess in the liver, in the kidney and in the gall bladder. I had such a patient lately, who was sick three months with malaria, so-called. Urine analysis gave me no aid, and the blood counted but little, still I was convinced there was an abscess in that region. The liver was enlarged, and I thought it might be an abscess of the liver. A small incision at the outer edge of the rectus through the peritoneum allowed me to explore the parts with the finger and revealed simply an enlarged liver with a normal gall bladder, but an enlarged kidney, so I closed the opening and made a lumbar nephrot-

I will now summarize the principal symptoms: A patient subject to severe attacks of colic occurring at irregular intervals, irrespective of emptiness or fullness of the stomach, should be carefully examined and watched; a patient grad-

ually losing flesh, without any marked symptoms, except some distress in the region of the stomach and liver; a patient developing sudden high fever with a fullness or heaviness in this region should be suspected of having gall stones and

suppuration of the gall bladder.

I will next consider the treatment. There is no specific for gall stones, no remedy that will dissolve them or relax the duet to allow them to pass through into the intestine. Nature may force small stones through the duct and the patient may be relieved, but I have seen patients who have passed hundreds of gall stones-I say hundreds-and have suffered excruciatingly for years, and whose gall bladder still contained several hundred; still some patients pass them all and are well afterwards.

I have seen many patients who have gone to Carlsbad and seem to be relieved, but I always had my doubts, thinking that probably the gall stones had become larger and produced no symptoms, just as they do with other patients who do not go to watering places. I have seen, as you all have, patients who have taken immense quantities of sweet oil, chloroform and all kinds of acids, and without a particle of So that I have long ago made up my mind that drugs or regulation of the diet would be of little or no benefit. Still I am convinced that in rare cases stones will gradually dissolve and disappear, or, perhaps, the gall bladder will become attached to the stomach or the intestine, ulcerate into it, and the patient remain well afterwards. These, however, are rare cases. But I do not desire to discourage experimental physiologists and chemists. Perhaps some time in the future they may find a substance that will dissolve the gall stone in its bladder and thus remove them and relieve the patient.

I have faith in but one mode of treatment, and that is an operation. During an acute attack, patients must be relieved by anodynes until the necessary preparations can be made for an operation at some future time, excepting in suppurating gall bladders; then an immediate operation is indicated, and a delay is most dangerous.

on the case. Most thorough aseptic surg-

The technic of the operation I will not dwell upon except to say that it depends

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ery must be practiced. This is still the most dangerous operation in abdominal surgery. In ordinary easy cases an incision at the outer edge of the right rectus muscle from the ribs downward about two inches and a half is sufficient. The intestines should be well packed with sterile gauze so that the contents of the gall bladder will not come in contact with them, for, no matter how plain and easy the case may seem to the surgeon, the bile may be septic. The gall bladder must be opened to the extent of one-half an inch and the stones scooped out or taken out with forceps. If they are small and contain principally cholesterin they may be flooded out by injecting water into the gall bladder. When they are all removed (you can only be sure of complete removal by inserting your finger into the gall bladder to the very bottom) the gall bladder may be closed with very fine sterilized catgut with a running suture. Be careful to bring the edges of the gall bladder carefully together. The sewed part is then depressed and with a running Lembert suture the gall bladder is brought together again.

This makes a safe closure, without danger of leakage. The gauze is removed, the abdominal toilet is made and the incision closed in layers with dry sterilized catgut, or, if you like, en masse silk worm-

gut sutures.

In septic cases, however, I proceed differently. When the abdomen is open, through just as small an opening as possible, I first search with my finger to find if the gall ducts are free. After having loosened the gall bladder, if adherent, I pull the end into the abdominal incision. If I have made the incision small it will just fit in it, and if it is large I close the peritoneum to within one-half an inch. Here I let the gall bladder project and then sew the gall bladder all around to the peritoneum and thus have the abdominal cavity entirely closed without opening the gall bladder. With the scissors I then clip off the projecting part of the gall bladder and make an opening large enough to introduce my finger. The pus and contents of the gall bladder come in contact with the external wound only, but cannot come in contact with the peritoneal cavity.

The stones are scooped or flooded out and the gall bladder cleaned. I insert a rubber tube to the bottom of the gall bladder and with a few en masse silk wormgut sutures close the abdominal incision, except about one-half an inch. through which the rubber tube projects. The usual dressing is applied. As a rule, I do not change the dressing for fortyeight hours; after that, daily. The tube is generally removed in a week. In the course of two or three weeks the fistula closes. Some make the mistake of sewing the gall bladder to the edge of the skin; if that is done you have a fistula which never heals until it is operated upon again.

In cases of stones in the ducts a different procedure must be made use of. The duct can be split and the stones removed, and in rare cases it may be closed as the gall bladder, but these cases are very rare indeed. These must be drained. A gauze drain surrounded by rubber. I find the best, although sometimes a long Murphy button or a glass tube is used. The surrounding parts become quickly adherent and wall in the abdominal cavity. This fistula will also close in a few weeks, as a rule. These are the most dangerous operations. If the duct is septic, it is almost impossible to prevent infection of the peritoneum on account of the difficulty of getting at it, and the patient dies of septic peritonitis.

I always use chloroform as an anæsthetic. I fill up the rectum with two quarts of saline solution as soon as possible after the operation is finished. I give one or two doses of morphine after the operation, and virtually starve the patient for a few days, allowing only liquids for four or five days, and for the same period so-called soft diet. The bowels are moved on the third day, generally with Rochelle salts.

Patients often ask me if there are recurrences. I tell them that in medicine and surgery we can guarantee nothing, but that they are rare. So far, I have been very fortunate. I never saw a patient operated upon for gall stones who afterwards had them again; it does not occur often.

There are many other points I will not dwell upon in this brief essay, such as the

relation of gall stones to the appendix, the kidneys and other internal organs.

What I plead for in this paper is that physicians look for gall stones; you will often find them in cases where you never suspected them if you apply in routine practice the methods of diagnosis which I have indicated.

620 Woodward avenue.

# UNION DISTRICT MEDICAL ASSOCIATION.\*

BY GARRETT PIGMAN, M. D., LIBERTY, IND.

At the quarterly meeting of the Union County (Indiana) Medical Society, held at College Corner, O., on the 18th of June, 1867, a resolution was passed accepting an invitation from two or three Oxford physicians present to hold its next meeting at Oxford, O. Subsequently Union county proposed to Butler county a union meeting of the two counties. This was afterwards extended to include Favette and Franklin counties, Indiana, and Preble county, Ohio. This convention, as it was termed, was held at Oxford, October 22, 1867. This meeting was for the purpose of organization, and was perfected by electing Dr. H. A. Bodman, of Oxford, president; Dr. J. E. Morris, of Liberty, Ind., vice-president, and Dr. Edward L. Hill, of Oxford, secretary.

Their first resolve on that day was:

"That an association be formed of the medical men of the above-named counties who desire the advancement of medical science, their own mutual improvement in their profession, and to form and cultivate the acquaintance of their medical brethren in social recreation."

The constitution and by-laws as they stand to-day, except some slight changes, were adopted at that time. On motion, the convention adjourned to again meet at Oxford, January 30, 1868, and on this date we start with the first real meeting of the Union District Medical Association.

The physicians present were: H. A. Bodman, J. E. Morris, R. C. Huston, Daniel Trembly, Henry Saunders, A. Hancock, Hugh Gilchrist, J. S. Mc-Neeley, George Wyman, A. D. Hawley,

John R. Brown, H. F. Garver, D. D. Hall, James B. Porter, Edwin L. Hill, G. R. Chitwood, A. W. Pinkerton, A. Koogler, George W. Garver, James Saunders twenty in all.

Of the charter members, only three, so far as I am able to ascertain, are living, viz.: Drs. J. E. Morris, E. L. Hill and A.

D. Hawley.

The first medical subject discussed was "Is Chloroform Contra-indicated in Disease of the Heart?" And, strange as it may seem, it was decided that it was not. One physician reported a case in which he was unable to put his patient under the influence of chloroform. Another a case where it had been applied locally to the gums to deaden the pain of extracting a tooth. The patient, a boy, had a slight epileptic fit after the tooth was pulled, and the laity and some physicians attributed the fit to the chloroform, and it nearly involved the operator in serious trouble.

This little synopsis of the discussion is given that you may view it as then and now. Chloroform must have been paramount in the minds of the profession about that time, for of the first six essays read before this society five were on the subject of chloroform. Some of these papers were published in the Cincinnati Lancet and Observer, of which Dr. E. B. Stevens, an honorary member, was the editor.

The second meeting was held at Liberty, Ind., May 7, 1868. Dr. H. A. Bodman, who had moved to Portland, Ore., sent in his resignation as president, and Dr. D. D. Hall was elected to fill the vacancy.

The third meeting was at Connersville, Ind., in October, 1868. Rush county, Indiana, was now added to the district. Resolutions were passed on the death of Dr. Daniel Trembly, the first of the members to pass to that bourne from which no traveler returns. Dr. Trembly was registered from Brownsville, Ind., but died at Oxford, O., to which place he had removed only a short time before his death, which occurred July 24, 1868. The resolution refers to him as "a true man, zealous, high-minded and skillful." He was a doctor of the old school, and always made enough breeze in the world to let others know he was around. One of the

<sup>\*</sup>President's Address, delivered at Hamilton, Ohio, October 25, 1900.

little incidents in his life was that he was the accoucheur at the birth of his wife. He educated the young lady in college and afterwards married her. He must have been a very popular man, for about one-half of the voting population of his old professional bailiwick wear the initials "D. T."

The next meeting was at Hamilton, O., in the spring of 1869. At this session Dr. D. D. Hall reported a very remarkable case of a colored barber of Connersville, Ind., wounded by the explosion of a shotgun, in which a piece of the gun barrel was driven through his skull. The piece of the barrel was exhibited before the society. The interesting feature of this case was that the man recovered.

In October, 1869, they met at Rushville, Ind., for the first time. Here some members were expelled from the society for being unethical, and for forfeiting their word of honor. This would indicate that they were more particular about who belonged then than we are at the present time. At this time, Wayne county, Indiana, was admitted to the district.

It met at Richmond, Ind., for the first time in October, 1871. It was at this meeting that the vermiform appendix first showed its head to view. Dr. F. B. Morris, of Hamilton, O., reported three cases of acute inflammation of the cecum, in which he refers to the appendix and its complications in his cases. These were, unquestionably, cases of appendicitis. The pain and tumefaction in the right iliac region, and even the concretions, were mentioned, and if he had only recognized the fact that the primary lesion was in the appendix, instead of the cecum, he no doubt would have solved the pathology of that disease as it is accepted to-day.

Dr. Hall was born in Virginia, and was a graduate of the Baltimore Medical College, class of 1824. He was a prominent member of the M. E. Church, and was a strong advocate of temperance. He was one of the charter members of this society, and was one of its most active workers. Dr. Hall served his country well, even at a good old age, as surgeon of the Thirty-sixth Regiment Indiana Volunteers. For more than a year before his death he suffered almost beyond endurance from a stone in his bladder. At his own request he was operated on by Dr. Morris, of

Ohio, but his physical system had become so enfeebled by prolonged suffering that he never rallied.

Dr. A. B. Casterline died in Rush county, Indiana, in 1872. It was said of him "that in his daily intercourse with his fellow-citizens and with his professional brethren he illustrated well the kind and courteous gentleman, the humble Christian and devoted physician."

Dr. John W. Gale, of Hamilton, O., who died about the same time, was held in high esteem by the members, and they believed his place would be hard to fill.

Dr. Vierling Kersey, of Richmond, Ind., died June 3, 1875. He was born in North Carolina in 1809, and had lived in Indiana since 1820. He was a graduate of the Ohio Medical College. In 1866 he was elected president of the Indiana State Medical Society. In his obituary he is described as "a man of commanding presence, ungainly perhaps at first sight, but his dignity of manner, his incisive wit, his clear style of expression, soon attracted attention and commanded respect."

The secretary was requested to prepare a list of the deceased members and report at the next meeting. This was in 1875, and the following is the list: Daniel Trembly, D. D. Hall, A. W. Pinkerton, A. B. Casterline, Lurton Dunham, John W. Gale and V. Kersey.

Dr. Mary F. Thomas holds the distinction of being our only lady physician. The doctor read a paper on triplets and twins, having had one set of triplets and four pairs of twins in her practice within a short time. How much this is at variance with the experience of physicians who, in a quarter of a century's active obstetric practice, have never officiated at a plural Yet this is only another evidence of the remarkable experiences of physicians in certain lines. Dr. Mary Thomas died at Richmond, Ind., in 1888. She led an active professional life, and was appointed by Governor Morton to hospital duty during the war, which position she filled with credit.

Dr. Charles Hoover died at Ross., O., in 1893. He was a genial, lovable man whom it was good to know. He was an active member of this society.

Dr. W. W. Caldwell was born in Pennsylvania in 1812, and died at Hamilton, O., in 1892, aged eighty years. He was

a graduate of the Medical College of Ohio. He first practiced at Monroe, O., and moved to Hamilton in 1857.

Dr. William H. Scobey died at Hamilton in 1895, aged eighty-two years. Dr. Scobey was a thinker; his views were not easily shaken, nor were they quickly formed. He was a great lover of living things, and the writer's most vivid recollection of him was when he was surrounded by his fine collection of land tortoises.

Dr. Alfred Hancock, as you will recall, was one of the charter members. He was a native of Butler county, Ohio, and resided all his life in the beautiful Miami Valley. Dr. Hancock was a man of firm convictions, an arduous student in his profession, strictly ethical, and a man who stood high in the attainments of his calling. He was a great lover of nature, and during his declining years practically withdrew from active practice and enjoved himself on his farm. He died at Millville, O., in 1888, aged nearly seventy years.

Dr. Cyrus Falconer, of Hamilton, was a Pennsylvanian. He died in 1895 at the age of eighty-five years, his professional career having extended over a period of sixty-five years. It is said of him by those who knew him best that he was a remarkable man, a man that gave some color to life as he passed through. He was an earnest worker in all of the medical societies, and was a frequent contributor to medical literature. His gift of expression was wonderful, and it was often said of him that he should have been a lawyer.

Dr. G. R. Chitwood, who was one of the charter members, was born near Gallipolis, O., in 1805, and died at Connersville, Ind., in 1893, aged eighty-eight years. He was a graduate of the Western Reserve College of Medicine, at Cleveland. In 1859 he was elected to the chair of general pathology and physical diagnosis in the Cincinnati College of Medicine and Surgery, and in 1861 he was elected to fill the chair of obstetrics in the same college, which position he held for three years. He practiced in Liberty, Ind., for several years before going to Connersville. Dr. Chitwood was a man of more than average ability, and was looked upon by his confreres as a well-rounded man in the profession.

Dr. A. W. Pugh, of Rushville, Ind., died in 1893, aged sixty-four years. He was a graduate of the Ohio Medical College in 1851. Dr. Pugh's chief study was obstetrics, and for years he saw every complicated case of labor within ten miles of his home, the physicians always sending for him, and it was said of him that he knew his art. He was the whole Presbyterian Church, and next to a pregnant woman, thought a good horse the most in-

teresting thing in the world.

Dr. Marshall Sexton, of Rushville, Ind., died January 9, 1892, aged sixtveight years. He graduated from the Ohio Medical College in 1844. He was surgeon of the Fifty-second Indiana Regiment during the years 1861, '62 and '63. Was a member of all medical societies, from the county to the national, and was president of the Indiana State Society in 1882. Dr. Sexton was a gifted man; he made good use of his talents, and stood like a giant oak in the profession. He was a surgeon of considerable note. None spoke of him but to praise. He had the happy faculty of saying much in a few words, and was always listened to with great in-

Dr. V. H. Gregg was born in Bracken county, Kentucky, in 1825, and died at Connersvile, Ind., in 1895. Forty-three years of his life were spent in active practice. He was a surgeon in the civil war, and was with Sherman on his march through Georgia. As a citizen, physician and soldier, he acted his part well in the drama of life. He was one of nature's noblemen, and I shall ever cherish the thought that he was my friend. His favorite quotation was from Shakespeare in Polonius' advice to his son: "The friends thou hast and their adoption tried, grapple them to thy soul with hoops of steel."

Dr. W. N. Megee died at his home in Rushville, Ind., March 17, 1900, aged forty years. He was a graduate of the Western Reserve Medical College of Cleveland, O. He was vice-president of this society at the time of his death.

Dr. Jacob R. Weist died at his home in Richmond, Ind., May 14, 1900, aged sixty-six years. He was of the Jefferson Medical College. He was chief operating surgeon of the Eighteenth Army Corps, and was finally medical director of the Twenty-fifth Army Corps. He was elected president of the Indiana State Medical Society, and represented the American Medical Association in the International Congress in London in 1881. He was a frequent contributor to medical journals, and for several years did about all the surgery in Richmond and surrounding country.

In looking up the history of this society one cannot but be impressed with the fact of the large number of its members who have lived to a good ripe old age. Many have lived their three score years and ten, and several have touched the four-score mark. We should bow our heads in humble reverence to the pioneer physicians of this country, for 'twas they who cleared the professional forest away, and made possible the brilliant achievements of today. We have several examples among our illustrious dead which any of us could well afford to emulate.

This society has had the following presidents, in the order named:

H. A. Bodman, Oxford, O. D. D. Hall, Connersville, Ind. John Moffett, Rushville, Ind. J. S. McNeeley, Hamilton, O. W. A. Pugh, Rushville, Ind. J. E. Morris, Liberty, Ind. H. Saunders, Oxford, O. James F. Hibberd, Richmond, Ind. Cyrus Falconer, Hamilton, O. A. Koogler, Connersville, Ind. Marshall Sexton, Rushville, Ind. J. R. Weist, Richmond, Ind. J. Pennington, Milton, Ind. J. E. Morris, Liberty, Ind. Joshua Chitwood, Connersville, Ind. W. H. Scobey, Hamilton, O. J. W. Green, Arlington, Ind. Dan Millikin, Hamilton, O. John Arnold, Rushville, Ind. C. A. L. Reed, Hamilton, O. C. N. Blount, Hagerstown, Ind. H. D. Hinckley, Oxford, O. J. C. Sexton, Rushville, Ind. George F. Cook, Oxford, O. E. L. Hill, Oxford, O. F. M. Fitton, Hamilton, O. W. O'Neal Mendenhall, Richmond, Ind. V. H. Gregg, Connersville, Ind. W. D. Hancock, Millville, O. John Arnold, Rushville, Ind. J. A. Smith, Brownsville, Ind. H. F. Lorimer, Fair Haven, O. Not wishing to leave out any of the important history of this society, the following is given:

At Richmond, Ind., in 1877, Dr. Me-Intyre exhibited an apparatus for the control of post-parten hemorrhage. The records read that "the essential part of the apparatus was an ordinary French 'safe' or condom, and a bulb syringe. The rubber condom is carried into the uterus upon a silver catheter, and is designed to be pumped full of cold water. Dr. McIntyre pumped about three pints of water into the apparatus to show its enormous capacity." The authenticity of the above cannot be questioned, for our esteemed confrere, Dr. Dan Millikin, was secretary at the time and the minutes are in his hand-writing.

This society has, throughout its history, been made up mainly of high-class medical gentlemen, men who prided themselves on their honor. A few black sheep have from time to time crept into the fold, but perhaps we should not be too harsh with them, for there is a saying that it takes all kind of people to make a world. We should be like of our friend David Harum when he says he does not think there is anything "wholly bad or useless in the world." That "a reasonable amount of fleas is good for a dog; they keep him from broodin' on being a dog." And so with us, if there were no shysters within our ranks we could not make such striking comparisons, or appreciate so well those of our professional friends who are all wool and a yard wide. We have at the present time a variety of talent in this society. We have some who are more gifted by nature, some have had better opportunities, and some have worked harder and longer. We have some whose reputation extends over their own county, some whose reputation extends over a group of counties, some whose reputation extends over their own State, some whose reputation extends throughout the United States, and some whose fame is not bounded by the borders of our own coun-We all have our work to do, and "we should each of us use what talents we possess, for the woods would be very quiet indeed if only the birds sang which sing the best." "Who does the best his circumstances allow, does well, acts nobly, angels could do no more."

Some of our members have graced the

president's chair of both State societies, and have also honored the chair of the national association. We are proud that we can state here to-day that the present president of the American Medical Association, Dr. C. A. L. Reed, has been an active member of this society for the last twenty years, and has served us in the capacity of both secretary and president.

The subjects discussed within the first few years of this society were: Chloroform, opium in pneumonia, fevers, lithotomy, obstetrics, tetanus, obstruction of the bowels, spotted fever, fractures, foreign bodies in the trachea, placenta previa, amputations, syphilis, rheumatism, convulsions, cholera infantum, diphtheria, smallforceps, post-partum hemorrhage and venesection. And we are discussing the same subjects to-day with one exception, that of venesection. Blood-letting, no doubt, was a valuable therapeutic agent in its day, but, whether right or wrong, it has been relegated to oblivion, and we are forced to class it as a lost and forgotten art.

This society has had its ups and downs. Along in the seventies it was at a very low ebb, only three or four being at some of the meetings, and there was talk of discontinuing it; but some of the Nestors of the profession, who from experience had learned the advantages of such an organization in their community, rallied to its support and renewed their pledges to its cause. It met once at Cambridge City, Ind., in 1882, and once at Eaton, O., in 1889. Except these two places, and some three or four times at Richmond, Ind., it has always been the same as it is to-day. Butler county, Ohio, Union, Fayette and Rush counties, Indiana, have been the foundation upon which it has stood for a third of a century, and that it was not built upon sand is attested by its substantiality to-day. While Franklin county, Indiana, was represented at the first meeting, it never took any part in it afterwards. It has had some substantial support, most of the time. from Preble county, Ohio. A resolution was offered a few years since to drop all members who had This was moved out of the district. promptly and wisely voted down, for we have a warm spot in our hearts for those members who have moved beyond the limits of the district, and who still affiliate

with us, and we shall ever give them a royal welcome. And, besides, our constitution says that once a member, always a member, unless removed for good and sufficient cause.

The territory embraced in this district is one of the garden spots of the world: With its fertile soil, good roads, ideal country towns and cities, inhabited by intelligent people, the majority of whom own their own homes, and blessed with plenty of good schools and churches, it would seem that we ought to be satisfied with our lot; but some of us get a notion sometimes that we would like to go to a large city and become a city doctor. Ambition is always commendable, and should be encouraged; but when we compare ourselves with metropolitan physicians we always pick out the lions of the profession, men-some, at least-who are endowed with superior natural talents, and who, by close application and unexcelled opportunities, have made themselves eminently successful in their profession. We should remember that only a small percentage of the profession would ever make great surgeons; it takes a certain kind of man for that. We should also remember that city physicians who have climbed to the top rung of fame have not been carried to the skies on flowery beds of ease, or traveled always the primrose way. The country doctor is not without opportunities. The immortal Edward Jenner was a country doctor from choice, and only for that condition of his life which presented the field for observation we might to-day be without the greatest blessing to mankind that the world has ever known.

Many and great are the changes in the profession since the birth of this society. The doctor has, in a sense, undergone a stage of evolution. He has gone from the horseback ride, with its saddle-bag equipments, containing its crude drugs, to the rubber-tired buggy with its little leather trunk of elegant pharmaceutical preparations, of tinctures, fluid extracts, pills, tablets and granules galore, representing all the colors of the rainbow. He then had no hypodermic syringe, no fever thermometer, no phonendoscope. He never even dreamed of blackberry seeds in the vermiform appendix, and he knew not of the role the mosquito was playing in malaria, or the fly in typhoid. The microscope had not discovered the Klebs-Læffler bacillus, and the virtues of antitoxine were then unsung. Leucocytes and phagocytes were not familiar terms, and those demure little bean-shaped microbes that have caused so many poor deluded mortals to wish they had been good had not then been christened gonococci. He could not call a specialist by telephone and have him fifty miles in the country within two hours of the time he first saw his patient, for there were no telephones, and specialists were about as scarce as telephones. has evoluted from the roads that made his horse's legs (not red to the knees with the blood of wild strawberries, as the legend of early times went, of the Miami Valley) but black to the saddle girth with the mud of unditched land, to free pikes, electric cars and automobiles.

But the greatest advancement within the history of this society has been in pre-The physicians have ventive medicine. been the great educators who have gradually instilled into the minds of the laity the fundamental laws of hygiene and sanitation. They have told them of the germ theory, and how diseases are contracted and propagated by them, until now a fair percentage of the people realize the importance of isolation and absolute cleanliness. We believe that the approximate ideal medicine of the future will be preventive medicine, using the term in its broadest sense.

The doctor of old never had that exquisite pleasure of meeting the laparotomist at the depot, and parading him, well-groomed and dignified, through the streets of his home village, and have all the townsfolk admiringly wondering who he was, and take him, maybe, five or six miles in the country, and have him compliment him in the presence of the family on his diagnosis, and have him do an elegant up-to-date operation, and have the patient rally from the chloroform and the shock. Everybody feels good, and hear the head of the family ask about the bill, and hear him told in the most affable manner that "we usually get about two hundred dollars for an poeration of this Start back to town, only fortyfive minutes till train time, and he must make it to meet another very important engagement. The horse makes pretty good time, and as we near the station the train whistles at the overhead bridge, and as he alights from the buggy he hurriedly bids you good-bye, very much after the style of Sir George, the Queen's Own Surgeon, to Dr. Weelum MacLure, when he said: "Give another shake of your hand, MacLure; I'm proud to have met you; you are an honor to our profession." And as he swings on the steps of the puffing train, as a parting salute he waves his hand, and again reminds you of the antiseptic dress-You know the rest; sometimes everything goes right and sometimes everything wrong. But God the specialist! He earns all he gets, and I am a friend to him. He has come to stay, and we could not get along without him.

This is one of the best working medical societies in the United States. More benefit is derived from this to us as members than from the American Medical Association. It is right and proper to attend the national when you can conveniently do so, but it is your duty to attend the Union District. Often have I heard the remark: "There is nothing in attending these meetings; you can get it all in the books." Let them think so that will, but it's as true as Holv Writ that the ones who are the most faithful attendants are the best known, are the best posted, stand the best in the profession, and they all have a busi-It is when you brush up against such men as are found in this society that you get the bumps knocked off, and get out of the old ruts, and find out that you are not the only pebble on the beach. I repeat, gentlemen, that no physician of our school can afford not to attend these meetings. You owe it to yourself and you owe it your clientele. Leave out the knowledge to be gained, if you please, and you can well afford to attend for the social feature alone.

It is an interesting thought to compare a body of men like this to a class of young graduates. They, with their enthusiasm and young vigorous manhood, restless and champing the bit at the delay, until they can go forth into the world and conquer disease—yea, even to throttle Death himself if need be. It is well he does not know what lies in waiting for him. The other picture that we see before us to-day are men who are battle-scarred and wan, who have gone forth on the great profes-

sional sea of life, and have run on to the breakers, oftentimes losing a rudder, and have had their professional sails torn in shreds, and sometimes perhaps carried away by adverse winds. It has a sobering effect; but we must remember that it sometimes takes adversities to arouse and develop the latent talents of men; it makes them skilled and experienced seamen, and makes their counsel valuable. After one has been in the professional harness for several years, when in some idle moment he soliloquizes on the past, he alternately smiles and almost weeps at some of his experiences.

I beg to briefly refer to a question here, which I believe should be brought before this society. I refer to the so-called faith doctors, and under that term I include them in all their different phases. States of Ohio and Indiana require of us as physicians a certain standard of proficiency. The better class of physicians brought about those laws with the aim of placing the practice of medicine upon a higher plain, but right on the heels of these laws there has been hatched the greatest crop of hoodoo doctors that this country has ever seen. They are often the most ignorant, uncouth and unlearned people in our community. They are a disturbing element, degrading to good citizenship, and a disgrace to the dignity of our profession. To have a fractured femur, and have an osteopath importuning the patient and his friends that he is the proper one to treat it, or to have a case of typhoid fever and have a faith doctor interfering, it makes one feel like withdrawing from the profession. But shall we do that and let the practice of medicine drift back to barbarism? No! But every member of this society should pledge his word of honor that he will not rest until everybody who prescribes for the sick, whether it be by drugs, touch, faith or what not, shall be compelled to comply with the same conditions demanded of us.

The archives of the Union District Medical Association are valuable and should be preserved. The records of the past must stand as they are; those of the future should be more complete as pertains to deceased members. History is largely made up of biography, and when we scan the pages of the minutes of this society and find not even so much as the scratch of a pen in commemoration of our fallen comrades who have gone to their long home, it is time that some very decided action be taken to correct this condition of affairs. No one in particular is to blame for this, but all have been careless. The earlier records are the best in that respect. The records up to the present time are in the vaults of the Union County National Bank at Liberty, Ind., to be delivered upon the written demand of the president and secretary of this society. The writer would suggest that the secretary make a note of that, so that it may serve as a record of reference. We would recommend that the report of the necrological committee be placed in the regular order of business, so that there can be no possible failure in its reporting.

The Dillman resolution, adopted at the last session, in reference to notifying the members of deaths, should be kept well in mind by every member of this society. It will be only a few short years until all the physicians now practicing in this district will have passed from their fields of labor And the writer believes here on earth. that when that great Resurrection Day shall come, and the multitudes shall sweep through the pearly gates of the New Jerusalem, that if there are any crowns to distribute, the members of the Union District Medical Association will receive their share, for "I was sick and ye visited me."—Cincinnati Lancet-Clinic of November 10, 1900.

### THE PHYSICIAN AS A SANITARIAN.\*

BY HUGH A. COWING, M. D., MUNCIE, IND.

During the last decade the researches along biological lines have greatly broadened the field of preventive medicine. The microscope and culture-tube have been the scouts and sentries in the warfare against Experience at the bedside has brought additional knowledge of the enemies of human life. The prevention of disease grows in interest with the people, and the demand for the services of sanitarians was never so great as at present.

For the physician who is a sanitarian the hygiene of infection is a subject of inexhaustible interest. The causes of infec-

<sup>\*</sup>Read at the Asheville meeting of the Mississippi Valley Medical Society.

tion, its geographical distribution, modes of dissemination, portals of infection, and prophylaxis; these and other phases of the subject afford him food for thought. In time, perhaps, he has joined the army of scientific writers, and the result of his research is written down in the great book of sanitary science.

The physician who is a sanitarian is rarely, if ever, a factor in the spread of contagion. His instincts and training lead him to studiously avoid the possibility of his becoming an agent in the transmission of disease.

But what shall we say, on the other hand, concerning the physician who takes but little or no interest in sanitary science? I scarcely need to remind you that a great many physicians are criminally indifferent and careless after visiting contagion, taking no precautions in change of clothing or personal disinfection. The fever thermometer, that common carrier of disease, is transferred from mouth to mouth without disinfection, and other instruments are frequently used in the same criminally reckless manner.

The conscientious physician, after exposure to contagion, will, at the earliest opportunity, make a change of clothing and disinfect exposed body surfaces. In my own county I know physicians who reserve one or two suits of clothing for contagious cases. A long rubber coat in winter and linen duster in summer are also sometimes used. But these precautions should not entirely be depended upon.

Several years ago a physician in my own city, while attending a case of scarlet fever, carried the contagion to his little daughter in his beard. He became so impressed with the lesson that he at once sacrificed the hirsute appendage, and ever since has been clean shaven.

The question is sometimes asked, should a physician refuse obstetrical calls within twenty-four hours after attending smallpox, scarlet fever, erysipelas, diphtheria and measles? The answer to this question has not materially changed since Dr. O. W. Holmes wrote his essay on the "Contagiousness of Puerperal Fever." Let no physician be lulled into a sense of false security by resorting to moderate precautions under such conditions, should neces-

sity call him to the puerperal bedside. The personal preparation of the physician at such a time should be more thorough, if possible, than that of the most painstaking laparotomist before operating. Without a knowledge of bacterial origin, but by clinical evidence alone, Dr. Holmes proved conclusively the infectious nature of puerperal fever. Yet now, after more than fifty years have elapsed, with the side lights of bacteriology and microscopy thrown upon puerperal infection, there are physicians who recklessly pass from cases of contagion to midwifery. To such practitioners the words of Dr. Holmes apply: "It may be that offences or diseases will come, but woe unto him through whom they come if we catch him in the voluntary or careless act of bringing them! \* \* \* Whatever indulgence may be granted to those who have heretofore been the ignorant causes of so much misery, the time has come when the existence of a private pestilence in the sphere of a single physician should be looked upon not as a misfortune, but a crime."

During the past two years a mild form of smallpox has appeared in various parts of the United States. The attitude of some physicians toward the disease reflects no credit upon the profession. While the ignorant or indifferent or obstinate physician refused to accept the diagnosis of smallpox, the infection spread and life was endangered and business interests were disturbed.

In 1893 smallpox was epidemic in Muncie, Ind., with 150 cases and twenty-two deaths. In view of the interest which should exist among physicians relative to smallpox now prevalent in the United States, I desire to repeat the lessons of that epidemic as formulated by the writer.

1. Domiciliary quarantine is ineffective in preventing the spread of smallpox,

especially during an epidemic.

2. It is economy, in the beginning of an epidemic, to provide the most comfortable and commodious hospital quarters with the best medical and nurse skill obtainable.

3. Then let the authorities and medical profession unite to secure the removal of all afflicted to the pest hospital.

4. As a rule, a well-appointed hospital, with faithful medical and nurse

service, offers better conditions for recoverv than if the patient remains at home.

5. By early removal of patients from the home the danger of infection to others

is greatly diminished.

6. The details connected with the removal of the diseased to the hospital, the burial of bodies, the disinfection of houses and personal quarantine of infected persons, and persons exposed to infection, and the liberation of the infected from quarantine, should all be under the supervision of the health officials.

7. During an epidemic of smallpox all public meetings should be discontinued, and persons should be warned from entering houses where sickness is known to exist until the character of the disease is clearly defined. Foolhardy and criminally careless persons should be prosecuted to

the full extent of the law.

8. Railroad quarantine should require not merely disinfection of baggage, but also a change of all clothing possibly exposed, or a thorough disinfection of the same.

9. To suppress epidemic smallpox there must be a mutual and intimate bond of harmony and support between health

officials, physicians and citizens.

10. An unusual prevalence of varicella, especially of a severe type, should be reported by the attending physician. Under such circumstances the health authorities should take all precautions. The history of smallpox epidemics shows that in many instances they have been preceded by varicella.

11. The history of this and of former epidemics proves that vaccination, isolation and disinfection are the three important factors in stamping out an epidemic of smallpox, and, unless necessity arises, there should be no hesitation on the part of the authorities in enforcing all

these measures.

12. Aseptic bovine lymph should always be used. All care and attention should be thrown around the vaccinated subject, and every precaution should be taken to protect the vaccine wound against infection.

The discovery of any contagion is made usually not by the health officer, but by the physician in attendance. By the timely counsel of the latter there may be secured the early enforcement of preven-

tive measures, and thus quench the small but deadly flame of contagion that threatens the household and community.

It is occasionally charged that health boards are becoming more and more autocratic, and to an offensive degree, and that physicians and citizens frequently suffer injustice because of their imperialistic methods. Rarely can this charge be sus-The health officer who seeks the greatest good for the greatest number will cause some hardships to the few. It is true that the power of the health officer should be wisely used. His training should not cease with a thorough knowledge of sanitary science. He should also be gifted with discretion, yet withal be firm. He should secure the confidence and co-operation of the people. His work is educational in a large measure. With his fellow-practitioners his relations should always be friendly, if possible. As insisted upon by Dr. A. W. Brayton, of Indianapolis, in an address before the last meeting of Indiana health officers: "There should exist between the health officer and his brother physicians a spirit of friendliness, ' of education, and the merging of all sectarianism in the fact of their common mission under the holy name of physician. Health officers should always keep in mind the true significance of Shrady's definition of health boards—benignant autocracies and not exceed their real power and beneficence."

In conclusion, I desire to call your attention briefly to our public schools. The physician who is a sanitarian is deeply interested in the school life of the child. It is a fact that the school buildings of today, with few exceptions, are unsanitary In heating, lighting, and unattractive. seating and ventilation health rules are generally ignored. The recent investigations of Drs. Wurdemann, of Milwaukee, and Allport, of Chicago, prove that conditions in school life are not favorable to children. The general health of school children should frequently be investigated. Their eyes and ears should be regularly and systematically examined. Ergographic tests in school children recently reported by Dr. Christopher, of Chicago, indicate conclusively that the high-pressure and unphysiological methods of teaching inevitably lead to overstrain and irreparable damage to the child. School authorities and teachers are beginning to appreciate the great importance of this neglected phase of education.

Dr. J. C. Culbertson, of Cincinnati, for years has earnestly advocated a revolution of conditions for the child at school. He would take the children from crowded, tenement-like school buildings of older Cincinnati and place them by street-car transportation each day in sanitary school houses in the country.

This interest in school sanitation among physicians who are not health officials is an index of the increasing interest among intelligent physicians in the general subject of sanitary science.

### AN ADAMLESS EDEN.

GALENSVILLE, ILL., Oct. 15, 1900.

Editor Lancet-Clinic:

The commencement of the twentieth century witnesses the most startling discovery ever made in the scientific world, i. e., the creation of life by chemical means. It was a Chicago discovery, too, and Professor Jacques Loeb, of the university of that city, has added more laurels to those he has already obtained. Dr. Loeb has demonstrated, if we are to believe the statements now admitted in laboratory circles, that artificial parthenogenesis is possible among mammalians, and certain changes in the ions of the blood may secure animated beings from the higher natural orders, including the highest type of all, man himself, or rather let us say women, for if the Loeb theory becomes practical no men will be needed to run the affairs of the earth. Women, once initiated in laboratory work, can proceed to populate the land without any carnal intercourse with man. Any virgin or spinster can start her laboratory kindergarten on an exclusive female basis; any male developed from an ovule can be promptly destroyed, so that the entire crop derived by artificial parthenogenesis may become feminized. It is even claimed by such theological experts as the Rev. R. S. McArthur that if Loeb's theory be proved "it would merely illustrate the method by which God secured the glorious result." It will be noted from this that the Rev. Doctor McArthur admits that any priority in discovery belongs to a

higher power than Professor Loeb, of the Chicago University. It is well to remark that science and religion always go hand in hand at the Chicago University.

It is true that there is a vast difference between the sea urchin placed in sea water, to which the solution of chloride of magnesium is added to increase osmotic pressure, and the ovule of the human urchin deprived of the contact of the fertilizing spermatozoid. Yet Professor Frazier McIntosh assures us that "there is no difference in the life that animates the sea urchin and the human being," and adds: "It is merely a question of less and greater development or evolution. In an • earlier period of evolution we were sea urchins. Before that we lived in a still more primitive guise, and so we go back to the germ that was the beginning of all life. This experiment tends to show that that germ was the result of the chemical action of lifeless substances."

When Charles Kingsley wrote his "Land Babies and Water Babies" he never once dreamt that sea urchins and land urchins would be raised and propagated by means of the electrolytic salts added to sea We are assured that when Professor Loeb adds cane sugar, that does not contain electrolytes, the eggs are ultimately killed. It will be remembered that a celebrated German scientist, lately expelled from a Vienna university for claiming he could regulate the sex among vertebrates by saccharine substances. clearly pointed out that saccharine matter had certain physiological actions in genesis that controlled sex conditions, and here comes Professor Loeb and claims that while the eggs of the sea urchin were developed, they were ultimately killed by cane sugar, thus proving on a scientific basis that electrolytes are not absolutely essential in artificial parthenogenesis.

Yes, putting aside all persiflage, Professor Loeb's discovery affords a vast field for contemplation, and there is no end to the possibilities of life creation as viewed through laboratory spectacles. There is no more reason why the protoplasmic cell from which human kind evolved might not as well be brought into ordinary terrestrial surroundings as the spine-backed sea urchin. This discovery of Professor Loeb's fits in exactly with the neuron doc-

trine, that will presently start a new school of medical scientists, the neuropaths, who will throw all the germ theory of disease into the shade, and go, with a meteor-like light in the medical heavens, to making the spark of life for all humanity instead of dealing in abstruse calculations of a microbian kind—the mere reflections on death. It is easy to discern this new twentieth century comet of medicine coming; it appears in the zenith over the Chicago University. It is the development of the egg without fertilization, the biological parthenogenesis attached to the medico-doctrinal theory of the neuron. The medical man twenty years hence who does not believe in the new school will be only comparable to the modern physician who scoffs and derides the microbian theory of disease. Life and death! Who would fail to choose between the absolute microbian theory of disease and the Loeb theory of parthenogenesis when attached to the truly scientific doctrine of neurons?

The American Journal of Physiology contains the technical report of Professor Loeb. To any one familiar with chemicobiological work the method must appear very simple. We really believe Professor Loeb's sea urchins were of laboratory Yet many varieties in the lower animal scale, so far as is known, includge in parthenogenesis without the use of chmicals, at least only of those derived from Nature's laboratory. The more I read on this subject, Mr. Editor, the more I feel like dilating, but there is a limitation as to space in most well-regulated journals like the Lancet-Clinic. We only suggested at the start that, if Professor Loeb's work is extended, in these days of the higher feminine culture, womankind being vastly superior to man, now that babies can be raised without the terrors of matrimony and the pains of maternity; this world, by say the twenty-fifth century, will no longer have any men. It will be an Adamless Eden, the children only of feminine protoplasms being raised. Of course, the savants of Chicago University will be able in time to devise some new method by which the primitive protoplasm of the female ovule may be obtained in quantities sufficient to propagate the human species of a sole feminine type.

We always knew that women would some day get along without man. The cigar and cigarette fiend, the wine bibber and boozer, the masculine gay deceiver with the too available spermatozoids, will be a thing of the past in a few short centuries. The historical masculine names will never be regarded as anything but myths, in the times of the ancient gods. There will be no night keys nor latch holes to put them in at the inebriated midnight's lonely hour. Perhaps in some museum of antiquities like that of the great Boulak collection of ancient Egyptian mummy cases and clothing, some pair of old pantaloons may be found around which the sweet maidens of the twenty-fifth century will gather, those fair daughters of the artificial parthenogenesis order, who will read with wondering eyes the inscription: "Jones' breeches, nineteenth century, commonly attributed to what was once called man, a sexless creature destroyed by science." Of course, the love stories and novels will no longer have a place among the cultured followers of the fu-There will be no lawyers, no doctors, only females. It is a survival of the fittest, after all.

An old maid patient of mine up Buck Creek, who has been reading the Cincinnati and Chicago dailies, informed me that she had sent to Chicago University for a 10-8nNaCl2 solution, and was going to try it on an unfertilized ovum. I asked her where she was going to get the ovum, and she answered me curtly: however, she has not passed her menopause, and ranked high in her biological studies at Vassar.

But avaunt protoplasm! Come up and take that hunt with me. The Kankakee is not far from Galensville, and you remember the song—

"Mark overhead! A canvas back!
Mark! mark! a flock of teal!
And swiftly on each flying track
Follows the shotgun's peal.
Thus rolls that call 'till twilight's tide
Rolls in like some gray sea.
And whippoorwills complain beside
The lonely Kankakee."

Be sure and bring a bird dog along, and we will discuss other things than parthenogenesis.

TIMOTHY TABBS, M. D.

### METHOD OF PRESERVING BLOOD FOR LABORATORY EXAMINATION.

### BY WILLIAM DODDS, M. D., OF INDIANAPOLIS.

To make a successful blood examination several things are necessary to observe in obtaining and preserving the blood on its way to the laboratory.

I find that the greater number of specimens collected and brought to me for examination are imperfectly gathered; or they contain so much dust and dirt that perfect results are hard to be obtained.

Many times the cover, slip or slide upon which the blood is collected is covered with grease, which will prevent good stains and interfere with fixation. Another common fault is permitting the blood to dry in a current of air, which will deposit a large quantity of extraneous matter upon the specimen, making the examination difficult or even impossible.

In collecting blood for malarial examination, it must be free from extraneous matter, must be carefully spread over the glass slip and so arranged that a good view may be had of each individual corpuscle. It is important to note the following rules, which will simplify the matter and greatly assist in obtaining good specimens:

1. Cleanse several cover slips with alcohol and ether, permitting them to dry undisturbed in the air.

2. Cleanse the tip of the finger or ear with cotton soaked in alcohol to free it

from dirt and grease.

3. With a sterile lance-pointed needle make a firm prick in the finger or ear, sufficient to allow the blood to flow freely; wipe the first drop away with absorbent cotton and then permit a small drop to run upon a previously cleaned cover slip; now take a second slip and with the edge of the slip gently smear the drop over the first slip carefully and evenly.

Another method which I use is to place the second slip directly upon the first, without pressure, and then carefully slide them apart. This latter method is more difficult, but makes a better smear when

carefully performed.

After separating the slips, place them "butter" side up and allow them to dry; after which they are to be wrapped in clean paper and taken to the laboratory.

Care must be taken to prevent dust from settling upon the blood before and after it has dried. These three points are sufficient to enable one to make good blood smears, and I find those so made entirely satisfactory.

Blood intended for Widal's test does not require so much attention as in cases of malaria, but two or three points are

useful to know:

1. The blood may be collected in the same manner as directed above, only more blood is required. Several drops are allowed to run upon clean white blotting paper, which is then placed in a clean envelope and made secure against dirt. Upon the unused part of the blotting paper the patient's age, date of beginning sickness and number of drops of blood on

each spot is recorded.

2. The blood may be placed in the capillary glass tubes made for that purpose, and delivered to the laboratory in a liquid state. The capillary glass tube should be weighed before filling and its weight recorded for future use. The blood coagulates at each end of the tube, which acts as a permanent seal. This last method is probably the more scientific, because the exact dilution with water can be made when employed in Widal's reaction. The first method is entirely satisfactory, and good results may be obtained from the dry blood in this manner.

18 East Ohio street.

### MISCELLANY.

### The Therapeutics of the Thymus Gland.

Dr. R. S. Solis-Cohen, of Philadelphia, spoke on this topic. He said that it had long been known that in cases of so-called thymic asthma children died through some mysterious influence exerted by the thymus gland, and while many authors had written learnedly on the subject, he personally felt that they had shed very little light on it. One reason for contradictory statements from different competent observers was to be found in the varying qualities of different preparations. He had addressed a letter of inquiry to the principal manufacturers of these products, and from their replies he had learned that no two of the American products were alike. Mr. David Owen's supposed cure of a case of exophthalmic goitre by the administration of thyroid extract turned out, on further investigation, to be a case in which, without his knowledge, the butcher had substituted thymus gland. This had naturally led to the deliberate use of thymus gland from the calf. In one of his cases that showed no improvement, it was discovered that the thymus gland from the sheep had been used instead. In a case of severe exophthalmic goitre, reported by Mr. Todd, of England, recovery ensued after the use of the thymus gland from the calf, although previously it had proved most obstinate under all the approved methods of medication. Dr. Cohen said that he had personally seen many good results from the use of this gland, but he had recently abandoned it in favor of suprarenal gland extract, which acted still better. Some cases presented symptoms which were best controlled by the suprarenal extract; others yielded better to the thymus extract. On the whole, a combination of the two had seemed to work better than either Physiologists had not given one alone. us much light on this matter. We were told that the active principle of the thymus gland when injected into the veins caused extensive vascular clotting, and hence this remedy has been used as a styptic, and had been recommended in cases of hemophilia. This extract had also been used and recommended in leukemia, rickets, and rheumatoid arthritis. Kinnicutt and others had claimed good results from it in pulmonary tuberculosis. Chittenden has shown that the thymus gland contained an exceedingly large proportion of phosphorus, which might possibly explain some of the good results claimed for it.—New York Medical Record.

### All Aboard for Hercules.

More than a century ago Sir William Herschel was able to fix roughly what we call the apex of the sun's way in space, or the point among the stars toward which that way is directed. Herschel found that a comparison of old stellar observations seemed to indicate that the stars in a certain part of the sky are opening out, as it were, and that the constellations in the opposite part of the heavens seemed to be drawing in or becoming smaller. There

can be but one reasonable explanation of this. We must be moving toward that part of the sky where the stars are separating. Just so a man watching a regiment of soldiers approaching will see at first only a confused body of men. But as they come nearer the individual soldiers will seem to separate until at length each one is seen distinct from all the others.

Herschel fixed the position of the apex at a point in the constellation Hercules. The more recent investigations of Newcomb, published only a few months ago, have, on the whole, verified Herschel's conclusions. Later investigators have increased the precision of our knowledge, until we can now say that the present direction of the solar motion is known within very narrow limits. A tiny circle might be drawn on the sky, to which an astronomer might point his hand and say: "Yonder little circle contains the goal toward which the sun and planets are hastening to-day." Even the speed of this motion has been subjected to measurement and found to be about ten miles per second.

The objective point and the rate of motion thus stated, exact science holds her peace. Here genuine knowledge stops, and we proceed further only by the aid of that imagination which men of science need to curb at every moment.—Popular Science Monthly.

#### The Mongoose of Jamaica.

The agricultural features of Jamaica cannot be disposed of without due reference to the part played by the mongoose. Some years ago, the cane fields became infested with snakes and rats to such an extent that drastic measures had to be employed in order to rid the country of the pests. It was decided that the mongoose would do the work, and accordingly the mongoose was imported. The animal went to work with a will, and soon there was scarcely a snake left on the island. The rats, likewise, were driven from the fields; but, taking refuge in the cocoanut trees, the rodents began to do that damage to the nut which ever since has been such a drawback to the raising of cocoa-But the mongoose did worse than nuts. The moment the animal found no more snakes and rats to feed upon, it at-

tacked the ground-laying birds, destroying them and their eggs as well. These birds had heretofore been invaluable to the country, because they lived upon the pestiferous tick which was such a nuisance With the disappearto man and cattle. ance of the birds, the ticks increased enormously, and now, in their turn, they are attacking the mongoose. Raisers of poultry in Jamaica would consider it a blessing if every mongoose were swept off the When the animal had succeeded island. in doing away with the snakes, and made the rats seek safety in the cocoanut trees, it went for the chickens. Naturally, prices rose skyward, and it was considered a luxury to have poultry on the With the destruction which the · tick now does to the young mongoose, it is said by those who know, that the ground-laying birds are once more appearing, and it is further suggested that more birds should be imported. The cattle owners will welcome the feathered agency that formerly minimized the effect of the ticks by feeding on these in-With the introduction of sugarcane in Cuba and Porto Rico, the identical destructive conditions are likely to confront the planters there; but since Americans, with experience bought in Jamaica, are at the head of the enterprises in the other islands, it is unlikely that the mongoose will be imported, even though rats might appear numerically strong enough to warrant drastic measures of extermination. Care will be exercised in the selection of an antidote. As far as the mongoose is concerned, a recent act of Congress prohibits the importation of the animal into the United States or Hawaii, where the monits colonies. goose was introduced in 1881, passed a similar law in 1892. The history of the mongoose in the British colony may stand for some lesson in agricultural experience.—From "Does Jamaica Contain a Lesson in Colonial Government?" by Julius Moritzen, in the American Monthly Review of Reviews for October.

### Good Time to Collect.

Mr. Powers, of the United States Census Bureau, states that the wealth of the United States, which he puts at \$90,000,000,000,000,000 in 1890.

When the figures of the census are given they may not agree with the estimate, but the chances are that they will. If the estimate is near the fact the wealth of the United States has increased over 38 per cent. during the past decade, or nearly twice the ratio of increase in population. Mr. Powers says the savings of the American people the past decade represent more than the inhabitants of the new world had been able to accumulate from its discovery by Columbus to the American civil war. Further, it represents more than the prople of the whole world had been able to accumulate from the time of Adam until the discovery of America. These are startling assertions.

This wonderful accumulation means more than so many billions of dollars in property, since it means that the people of this country have more of everything they want than they have ever had before, or than any people in the world ever had before. At no period in the country's history has a day's labor represented so much

in the comforts of life.

It is said that labor produces all the wealth of the world, but it is not true, for the reason that the machinery which capital and brains have produced has enabled labor to multiply its production. This is true in every branch of productive industry. Fifty years ago men worked harder than now, but they did not produce any part of the surplus wealth they now produce because they were not assisted by steam and like power and the machine.

### Living Lamps.

"It is possible to read by the light of the humble earthworm. One of the most brilliant displays of animal phosphorescence I have observed came from such a source. Its discovery was accidental. In passing through an orange grove one rainy night, in Southern California, I kicked aside a large clump of earth, when, to all intents and purposes, a mass of white molten metal went flying in every direction, affording an unusual display. The cause of the light was a single, possibly two, earthworms, not over two inches in length. The luminous matter was exuding from them and had permeated the surrounding soil, rendering it phosphorescent. The light-emitting mucus came off on my hands, and the light lasted several

seconds, gradually fading away.

"Possibly the most remarkable light ever used for purposes of reading is the beautiful pyrosoma, a columnar jellylike creature, one of the free-swimming tunicates. They are usually from one to two feet in length and three or four inches across, open at one end. The column is an aggregation of animals, each of which takes in water and expels it by an orifice in the interior; and this volume of water, rushing from the open end, propels the animal along. Its luminosity is wonderful, its name, fire body, well chosen. To illustrate its intensity, a Portuguese sea captain secured six of the animals, which he placed in glass jars suspended from the ceiling of his cabin. By their own light he wrote a description of their beauties."—Dr. C. F. Holder, in Scientific American.

### The Condition and Future of the Negro.

Professor N. S. Shaler, dean of the Scientific School of Harvard University (Popular Science Monthly, Vol. 57, p. 29), finds that with the exception of the mulattos, the negroes of the South are in excellent physical condition. They are of even, serviceable size, dwarfs and giants being much rarer than among whites. The percentage of deformed persons in the country districts is very low and the physical condition is, on an average, he believes, better than that of the peasant classes of any of the European nations. thinks, is due to the rigid selection effected when the Africans were chosen for slaves and the care of their bodies during the time of slavery. He considers them a chosen people, well fitted to carry the burden of life. They are laborious and productive up to, if not beyond, the average Professor Shaler believes that of man. they may be roughly classified in several The mulattos, he believes, are comparatively rare, making up not more than one-tenth, possibly as small as a twentieth, of the whole negro population. The pure Africans of the Guinea type make up about one-half of the Southern negroes. The men are usually burly fellows, with massive trunks, low noses and protruding jaws. The Zulu type is much rarer. These blacks have in common with

the Guinea type the burly form, deep black hue and general form of the features, but their foreheads are fuller and the expression of their faces quite differ-They give the impression of vigorous, brave, alert men. A third group has an admixture of Semitic, probably Arabian, blood. They are tall and lean, with slender necks, high heads, thin features and a better form, the nose sometimes approaching the aquiline. Their skin is often as black as that of the Guinea negro, but is a deader black, possibly due to some difference in the cutaneous glands. The mulattos are of feeble vitality, rarely surviving middle age, and Professor Shaler believes that the mixed stock is likely to disappear. The moral and intellectual condition of the negroes, he thinks, is improving. The belief that negroes are sexually dangerous animals is probably founded on imperfect basis of judgment. An offence which would pass unnoticed in a white is widely published because of mob injustice to the negro. On the whole, he considers the negro less dangerous than white of a like social grade.

As Professor Shaler is a Southerner by birth, and has lived a considerable part of his life in the South, his opinions are not expressed without a fair basis of observation from which to draw his conclusions.

—Philadelphia Medical Journal.

# Six Thousand Doctors—Medical Board's Report Shows that Number in Indiana.

The last pages of the report of the State Board of Medical Registration and Examination were sent to the State printer recently. The report shows that there are more than 6,000 doctors in Indiana. In Marion county alone there are 602 licensed physicians. Of this number 463 are allopaths, or of the kind commonly known as "regular;" 53 are eclectics; 34 are homeopaths; 38 belong to the physio-medical school; one is a Hygeia—therapeutic, and 13 belong to no regular class.

The report will cover a period of two years. One of its most important features is a list of medical colleges that are not recognized by the board. It is as follows, the year of the college signifying that graduates from the college in that year are not recognized:

The American Eclectic Medical Col-

lege, of Cincinnati; the American Health College, of Cincinnati; the College of Medicine and Surgery, of this city; the Curtis Physio-Medical College of Cincinnati; the Dalton Medical College, of Chicago; the Eclectic Medical College, of Philadelphia (after 1870); the Hygeia Medical College of Cincinnati; the Illinois Health University, of Chicago; the Independent Medical College, of Chicago; the Indiana College of Medicine and Midwifery, of this city; the Joplin Medical College, of Joplin, Mo.; the National Medical College, of Chicago; the Southern Medical College, of Atlanta, Ga. (1894); the University of Louisville, Ky. (1893 and 1894), and the Wisconsin Eclectic Medical College, of Milwaukee.

Financial reports show that the total amount of money in the hands of the board January 1, 1900, was \$1,054.36.

### The Mosquito as a Carrier of Yellow Fever Infection.

Some really interesting work in connection with the etiology of yellow fever has recently been done by a board of medical officers of the United States army, convened for the purpose of pursuing scientific investigations with reference to the acute infectious diseases prevalent on the Island of Cuba. This board, composed of Drs. Walter Reed, James Carroll, A. Agramonte and Jesse W. Lazear, give a preliminary report of their observations in the Philadelphia Medical Journal, Octo-One of the members of the commission was stationed in Havana and one at Columbia Barracks. The epidemic of yellow fever which was prevailing at Quemados, near their stations, furnished an admirable opportunity for clinical observations and for bacteriologic and pathologic work in this disease.

By far the most interesting observations made were those in connection with the experimental determination of the mosquito as being instrumental in the propagation of yellow fever. It is of great credit that two members of the commission and some others voluntarily subjected themselves to yellow fever by permitting mosquitoes which had bitten patients suffering from vellow fever to inoculate them with the disease. As it was, both Dr. Carroll and Dr. Lazear contracted the disease in this experimental way, for the purpose of determining what influence the mosquito might have in the propagation of the discase.

In the case of the former the mosquito, which belongs to the species Culex fasciatus, had bitten a patient suffering with a severe case of yellow fever on the second day of the disease, twelve days before; a mild case of yellow fever of the first day of the attack six days preceding, a severe case of yellow fever of the second day of the attack, four days before, and a mild case of yellow fever on the second day of the attack two days before inocula-The premonitory symptoms of the disease developed on the fifth day, and the disease continued for nearly three weeks.

In the case of Dr. Lazear, he was bitten by a mosquito belonging to the same species, which ten days previously had been contaminated by biting a very mild case of yellow fever. No appreciable disturbances followed this inoculation. month later, while the doctor was on a visit at the Las Animas Hospital, he was bitten by a Culex mosquito, the variety of which was undetermined. The symptoms of yellow fever appeared five days later and the disease proved fatal a week later, twelve days after the bite.

The conclusions which the observers reached are as follows:

The blood taken during life from the general venous circulation on various days of the disease, in eighteen cases of yellow fever, successively studied, hasgiven negative results as regards the presence of bacillus icteroides.

Cultures taken from the blood and organs of eleven yellow fever cadavers have also proved negative as regards the

presence of this bacillus.

Bacillus icteroides (Sanarelli) stands in no causative relation to yellow fever, but when present should be considered as a secondary invader in this dis-

From the second part of their study of yellow fever they draw the following conclusions:

The mosquito serves as the intermediate host for the parasite of yellow fever and it is highly probable that the disease is only propagated through the bite of this insect.

All this is exceedingly interesting, in view of the recent reports that, notwithstanding the great improvement in the sanitary service and conditions which has followed the American occupation of Cuba, yellow fever still continues, apparently almost as severe and extensive as during the Spanish regime. We may therefore readily look for an increased interest in the study of the insect carriers of the disease, the corollary of which is necessarily the entire eradication of whatever diseases are transmitted in this way.

It is a source of unbounded regret, somewhat tempered by pride, that one of these observers should have come to his death in the interest of the experiment which he was undertaking. It is but one more evidence of the self-sacrificing spirit which characterizes the profession all over the world.—St. Louis Medical Review, November 23d.

# 76,500,000 People are Gathered About Edinburg, Indiana.

While the official survey has not been made, it has been established with practical accuracy that the center of population of the United States is located on Frank T. Wright's farm, two and one-half miles south of Edinburg. A stake has been driven, which is known to be within twenty feet of the actual spot, and a monument will be erected at that point.—Press Report.

### Passenger Coach Sanitation:

J. N. Hurty, M. D., Indianapolis: "The passenger coach must be better ventilated and must be kept cleaner. method proposed here to obtain better ventilation is in accord with the wellknown principle of ventilation and is practicable. American ingenuity has already given us thermostats which regulate the heat of the car satisfactorily. Plainness of interior with abolition of angles and ledges are essential for cleanliness. So also does cleanliness demand the abolition of carpets and hangings. And how this may be done without sacrificing elegance, luxury and beauty has been pointed In advocating these sanitary features to railroad men, objection has only been raised to constructing earth closets. This seems to be an innovation which cannot be at the present time accepted. Still, it will not do to continue to distribute filth from cars. As all know, this is avoided in Europe by abolishing car closets entirely. As to having skeleton seat frames with removable bottoms and backs which may be sterilized at terminals, I will say God speed the day which brings them."—St. Louis Medical Review.

### Municipal Regulation of the Spitting Habit

F. B. Borland quotes Dickens as designating Americans a nation of spitters. He gives a detail of answers from twentytwo cities to the following questions: (1) Have you a special anti-spitting ordinance? (2) If not, do you attempt restriction under the general nuisance act? (3) Date of ordinance or order forbidding expectorating on public floors and sidewalks. (5) Result of enforcement. Onehalf of the cities reported special laws, one-fourth regulate partly or wholly under their general nuisance act. As to results, the most promising answer was from Boston, the president of the board replying that "the result of the enforcement is a most remarkable change from filth to cleanliness."—St. Louis Medical Review.

### Johns Hopkins President Resigns.

Baltimore, Nov. 21.—Dr. Daniel Cort Gilman, who, for nearly twenty-five years, has been president of Johns Hopkins University—its first and only president—has announced, by letter to the trustees, that, on February 22d, he will formally tender his resignation, to take effect at the close of the scholastic year. This will complete Dr. Gilman's quarter century at the head of the institution. The reason given for the resignation is that, being nearly seventy years old, he feels the need of rest and feels, too, that a younger man should take up the onerous duties of the position. He will remain on the board of trustees.

The following are the officers-elect of the St. Louis Obstetrical and Gynecological Society: President, B. M. Hypes; vicepresident, F. J. Lutz; recording secretary, L. E. Newman; treasurer, F. C. Ameis; corresponding secretary, Willis Hall.

#### In Lighter Vein.

#### WHEN TEMPUS NON FUGITS.

Watts—"Doctor, do you believe that the use of tobacco tends to shorten a man's days?"

Dr. Bowless—"I know it does; I tried to quit once, and the days were about eighty hours long."

#### THIS IS AN OLD ONE.

Dr. Gross, the celebrated surgeon, of Philadelphia, had been dangerously ill. Shortly after his recovery, he met one of his lady patients, who remarked to him:

"Oh, doctor, I rejoice to see that you are out again; had we lost you, our good people would have died by the dozen."

"Thank you, madam," replied the affable doctor; "but now, I fear, they will die by the Gross!"

#### A PRODUCT OF "MORTAL MIND."

The husband of a Christian Scientist teacher, lately married, that did not believe in doctors or sickness, called upon a physician one cold, stormy night in January. He was in a great hurry.

"What is the matter?" asked the doctor, sticking his night-cap out at the door.

"Oh," said the man, in an anxious tone, "my wife is very sick, and wants you to come at once."

"She sick?" answered the doctor in surprise; "why, man, she has turned half the town into the belief that there is no such

thing as pain."

"But it's different now," replied the man. "We're—that is, you know—well, she's going, or rather, she expects—we've been calculating for some time to have a —a—bab—yes, a chil—a boy or a girl. It's—it will, or would be our first, and we thought you better be around."

"Well, my dear man," said the doctor, "tell your wife that I am sorry she has so far forgotten her calling as to give in to the sin of a fancied pain or two. These twinges that come with such clock-like regularity are nothing but the timed temptations of Satan. Tell her that there is no such thing as pain; that she isn't going to have a baby; that she isn't a woman, but the ghost of Euripides; that

she isn't even married. Tell here that I am not a doctor, and never was, and that this is one of the loveliest nights in June. Good night, sir."—E. S. Goodhue in the Southern California Practitioner.

#### PHYSIOGNOMY AS PORTRAYED BY DICKENS.

His villainous countenance was a regular stamped receipt for cruelty.—"Oliver Twist," chap. 3.

With a face that might have been carved out of lignum vitæ for anything that appeared to the contrary.—"Nicholas

Nickleby," chap. 14.

All his features seemed, with delight, to be going up into his forehead, and never coming back again any more.—
"Martin Chuzzlewit," chapter 13.

"I told you not to bang the door so," repeated Dumps, with an expression of countenance like the knave of clubs in

convulsions.—"Tales," chapter 2.

A gracious change had come over Benjamin from head to foot. He was much broader, much redder, much more cheerful and much jollier in all respects. It seemed as if his face had been tied up in a knot before and was now untwisted and smoothed out.—"Battle of Life," chapter 2.

He was tall, thin and pale; he always fancied he had a severe pain somewhere or other, and his face invariably wore a pinched, screwed-up expression, like a man who had suddenly got his feet in a tub of exceedingly hot water against his will.—"Tales." chapter 1.

will.—"Tales," chapter 1.

A pale, puffy-faced, dark-haired person of thirty, with big, dark eyes that wholly wanted luster, and a dissatisfied, doughy complexion that seemed to ask to be sent to the baker's. A gloomy person with tangled locks and a general air of having been reared under the shadow of that baleful tree of Java which has given shelter to more lies than the whole botanical kingdom.—"Edwin Drood," chapter 2.

Mr. Fang was a lean, long-backed, stiffnecked, middle-sized man, with no great quantity of hair, and what he had growing on the back and sides of his head. His face was stern and much flushed. If he were not in the habit of drinking more than was exactly good for him, he might have brought an action against his countenance for libel and have recovered heavy damages.—"Oliver Twist," chapter 2.



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#### The Jacobi Memorial Volume.

This beautiful medical symposium in honor of Dr. Jacobi is a series of scientific papers, mostly on Diseases of Children, written by his medical friends in various lands, and by his students and confreres mainly in New York.

Certainly by this time, what with the Jacobi and Welch "Festschrifts," the readers of current medical journals know that such a compilation is usually presented abroad at the completion of the twentyfifth or fiftieth year of a professorship, or, as in Dr. Jacobi's case, upon the anniversary of the seventieth birthday, in this instance occurring May 6, 1900. The book is from the Knickerbocker Press, New York. It is bound in paper, so that each may rebind as he elects. Pages, 496, with illustrations. This dedicatory volume is one of the series of International Contributions to Medical Literature. It is probably accessible through the Knickerbocker · Press. The price is not stated, as our copy is complimentary from Dr. Jacobi. This is a book to be read and prized by all who have to do with the diseases of children that is, by all physicians and surgeons. Henoch, of Berlin, whose chair was offered to Jacobi in 1895, has a paper. There are several other German and two or three French contributors. Not the least attractive feature of this memorial volume is the beautiful etching of Dr. Jacobi, drawn and etched by the eminent artist, James D. Smillie. We are in doubt whether to have it framed or bound in the book. It would be a fitting portrait for any office library or medical society, and a suitable present for any physician friend who loves and appreciates a beautiful work of art perpetuating the lineaments of a noble character.

#### The Need of More Perfect Mortality Statistics.

The Indiana State Board of Health is making an effort which every physician should encourage to obtain more perfect statements of the cause of death. To this end letters are written to physicians sending in such returns as any ordinary life insurance company would reject, such as child birth, debility, senile exhaustion, exposure, accident, dropsy, fever, heart diease, peritonitis, marasmus, heart failure, neuralgia, and a score of others which are the psuedonyms of negligence or ignorance, or both.

To this end, letters are sent to the physicians assigning such indefinite causes, requesting them to state more definitely, naming the primary cause as well as the immediate cause of death. A person may die of pneumonia following measles, or of peritonitis due to puerperal infection by abortion. In every case possible the primary as well as the secondary cause should be given. In cancer the kind should be given, and especially the seat of malignancy.

English physicians are compelled by law, under penalty of a fine of £5, to state both the immediate and the primary cause of death, and if unknown to them to inform the coroner, who takes the responsibility.

At the present time the Board permits the return made by the physician to stand unchanged; the additional data are used for purposes of comparison. Various terms are used by physicians to deceive the public and shield the individual and the family in the interest of public polity, and some cases must be left to his judgment and conscience. And in many cases

the primary cause is gonorrhea, syphilis or tuberculosis, and cannot be determined by the most capable pathologists, either clinically or post-mortem.

The Health Board has accomplished great things under the new law in securing more perfect statistics of morbidity and mortality, but there is still much to be done before the perfection of the Ber-

tillon system is secured.

The burden is on the profession. By refusing to give certificates of death they may frequently secure post-mortem examinations, and so advance their knowledge of pathology, and secure at the same time the respect and confidence of the family and community.

Every wise, scientific and temperate effort of the State Board of Health to secure accurate statistics should be encour-

aged.

#### Dr. A. L. Wilson's Paper on Convulsions Before the Indiana State Medical Society.

The editor of this journal, and also of the Transactions of the Indiana State Medical Society owes an apology to Dr. A. L. Wilson, of Indianapolis, because of the omission of his paper on "Convuisions," read before the society at Anderson, from the report. It was published in the IN-DIANA MEDICAL JOURNAL, and by some fatality omitted, although it aroused the longest and most interesting discussion of the meeting. It will be published in the Transactions of the society for 1901, and so we hope cover both centuries. The error is humiliating and inexcusable, though Dr. Wilson has assured us that he bears no malice.

#### Alleged High Temperature-127° F.

Dr. J. G. Fitch, of Indianapolis, sends the JOURNAL a copy of the *Rockford* (Ill.) *Daily Republican* of November 10th, containing an account of high temperature in the case of one Robert Bruce in the Rockford City Hospital.

Bruce was shot in the Philippines, the bullet crashing through his mouth, occluding the nasal passages, and stopping in the "heat centers of the brain." The case is under care of Dr. A. F. Comings (Missouri Medical College, '81), who, on November 5th, observed a temperature of 112 degrees Fahrenheit, and on November

9th of 127 degrees Fahrenheit. The temperature was taken by a reliable tested Government thermometer furnished by Hosmer Porter, of the local weather bureau. The patient was conscious and rational. As the nostrils are closed, the temperature was taken in the axilla. The pulse was 72. November 11th the temperature had fallen to 97\frac{3}{4} degrees Fahrenheit.

Physicians conferred with by the reporter, but who do not appear to have seen the case, were Drs. W. H. Fitch, of the Chicago Medical College, Ernest E. Ochsner, of Rush, and Henry Richings, of the University of New York. Anyone wishing to follow up the case may do so by writing to one or more of these physicians. Probably no such temperature existed. We all recall the Omaha case of several years ago in which the temperature rose to 117 degrees Fahrenheit, as stated by several local physicians. It was not settled scientifically, that is, by a comparison, and its authenticity was denied. Dr. Ochsner had seen a case of 112; this was probably the Cook County Hospital case of 1882 due to concussion of the brain. The present writer saw the case, and the temperature had risen over a degree each hour following the injury, and was verified at 110, and still rising; the man died twelvehours after the injury. Dr. J. Hoover, of Indianapolis, reports a case of hysteria with temperature frequently from 106 to 112—a woman of about forty years of age. The findings were not verified by a committee, and may have been the results of trickery upon the part of the woman.

Rabbits and dogs in the hot sun reach 114 degrees Fahrenheit and Rabbits may be cooled die. Fahrenheit and degrees resuscitated, as shown by Walther, and quoted by Kirke, page 447. Sunstroke may raise the rectal temperature to 108 degrees Fahrenheit, as observed by the present writer. By rectal injections of ice water and bath at 70 degrees Fahrenheit, the temperature fell in one hour to 101, with recovery. The writer has also seen a temperature of 107 degrees Fahrenheit, at death, from . meningitis, with increase to 108 degrees Fahrenheit an hour after death, in a lad of fourteen years.

The heat-regulating apparatus in health is so perfect that man can stand in dry

air a temperature of 212 to 500 degrees Fahrenheit, and keep comfortable in Northern temperatures of 56 degrees Fahrenheit below zero. Active animals maintain a high temperature—the bat, 107, the small birds, 111 degrees Fahrenheit, as a norm.

A bullet wound at the base of the brain might readily destroy or perturb the thermo-accelerator, or thermo-inhibitory centers, so as to cause variations of very wide range, but the general thermogenic centers which are located in the spinal cord would for a time maintain and direct the heat-producing capacity of the body.

#### Kind Words from Dr. Servoss.

St. Louis, Mo., Nov. 16, 1900.

A. W. Brayton, Editor Indiana Medical Journal:

MY DEAR DOCTOR—Although a trifle late, I wish to congratulate you upon your second election as Coroner of Marion county. Being so well acquainted with you, and having come in contact with you so many times in your official position, I know that the people of that county have chosen wisely, and that, as in the past, your administration will be one which will reflect credit not only on yourself, but the community which you will serve.

My one regret is that I will not be able to assist in any of your medico-legal cases. It was a pleasure to work for you, as you always considered our mistakes charitably and had a good word for the work which

we did passably well.

During your previous administration you did much toward bringing Indianapolis and Marion county before the profession of medicine as a center of pathological interest, and I feel sure that your second term will be as successful as was your first.

Again congratulating you upon your recent election, I am

> Yours sincerely, Geo. L. Servoss.

#### October Mortality in Indiana.

The State Board of Health furnishes the following statistics: "The total number of deaths in Indiana during October was 2,933, a decrease as compared with September of 188 and as compared with

October, 1899, of 76. The annual death rate, as based upon the month's returns and the United States census of this year, is 13.7. The rate for October, 1899, was The stillbirths for this October were 126. The deaths under one year were 542; one to five, inclusive, 305, and sixty-five and over, 636. It so appears that the infant deaths (one to five years) were 28.8 per cent. of the total. deaths from pulmonary tuberculosis were 287, an increase over the corresponding month of last year of 155. A marked decrease in typhoid deaths appears, there being 314 in October of 1899 and 191 in October, 1900. We have no sufficient explanation to offer in this matter. Diphtheria slightly increased for the same period, the figures being this month 109 and 98 the same month 1899. were eight scarlet fever deaths, four measles and fourteen from whooping cough. It will be noticed that the usually disregarded whooping cough more lives than scarlet fever and measles combined. Pneumonia caused 136 deaths, an increase over September of 75. November will very probably show a still further increase. The deaths from diarrhœal diseases fell from 412 in September to 207 this month. There was a decrease in deaths from cerebro-spinal meningitis in October as compared with September, the figures being 56 and 90, respectively. Influenza caused 11, childbed fever 10 and cancer 81 deaths. Violence caused 108 and 135 the corresponding month of 1899. No smallpox deaths.

#### Eastern Hospital for Insane.

The trustees of the Eastern Indiana Hospital for the Insane have filed their sixth biennial report with Governor Mount. The report covers the two fiscal years ending October 31, 1900.

The financial report shows that the disbursements for the years 1898-99 were \$118,677.86; for 1899-1900, \$153,708.12. The amount turned into the general fund of the State treasury as balance of various funds was \$1,128.37. Receipts from sales turned into the same fund during period amounted to \$148.20. The per capita cost of maintenance for the first year of period was \$169.46, and for the second year \$170.43. The per capita cost

of maintenance and repairs for the first year was \$178.67, and for the second year \$179.20. An inventory of property of the institution, taken October 31, 1900, shows a valuation of \$740,849.84, an increase since October 31, 1898, due to new construction and equipment, of \$78,736.78. There is no indebtedness at the end of the biennial period.

The number of patients enrolled November 1, 1898, was 545. Admitted during the period, 239; died, 78; discharged, 105; enrolled October 31, 1900, 601. Three cottages have been added during the period, giving accommodations for 121 beds, making the total for the insti-

tution 670 beds.

The recommendations of the trustees are as follows: Continuance of the maintenance appropriation of \$90,000 for 520 patients and the per capita allowance of \$165 per annum for all patients in excess of 520. Repair fund to be increased from \$7,500 to \$10,000 per annum. special appropriation of \$62,000 for two cottages, one for either department, to be constructed after the general plan of cottage K. A specific appropriation of \$8,-000 for coal bins, enlarging boiler room and one new steam boiler of 150 horse  $\mathbf{A}$ specific appropriation \$7,000 for additional offices and quarters in administration building. A specific appropriation for 300 acres of land for colonization and addition for gardens.

#### Coroner of Marion County

The term of Coroner Nash legally expired November 17th at midnight and that of Dr. A. W. Brayton, his successor in office, began immediately thereafter. Coroner Brayton announced yesterday that he had selected Dr. E. S. Knox, of 1404 Hovt avenue, as his chief assistant.

A report submitted by the retiring Coroner to the County Commissioners shows that during the last year 289 cases were submitted to him where persons had met violent deaths, either self-inflicted or accidental. Of this number eighty-four were females.

Thirty-one of the number were Germans, seventeen Irish, forty-seven were negroes, one a Jew, one a Canadian and one an Italian. Thirty-six committed suicide, eleven of whom took morphine, eight

carbolic acid, three strychnine, one chloroform, two arsenic, nine shot themselves and two died from hanging.

Of those who committed suicide eight were Germans, five were Irish, one an Englishman, one a Scotchman and one a negro. All of the others were Americans.

Forty-two were under five years of age, five were between the ages of five and twenty-five years, and the others about equally divided up to eighty years of age. One of the deaths he was called upon to investigate was that of a woman said to be 103 years old.

Sixteen murders occurred during the year, thirteen persons were killed by street cars and twenty-one in railroad accidents. Sixty-four autopsies were held and one chemical analysis, which cost the county \$50. In the two years Dr. Nash was in office, 589 cases were investigated and 145 autopsies held.—Indianapolis Sentinel.

#### A Successful Indiana Author.

The success of Maurice Thompson's story of early Indiana life, "Alice of Old Vincennes," as shown by a publisher's announcement, is a matter of local interest as well as a cause for congratulation to the author. The book is said to be selling at the rate of 3,500 copies a day. From Canada recently came an order for 10,000 copies, a very unusual one from the Dominion, where the sale of books is necessarily limited. A fortnight after publication 40,000 copies of the book had been sold. Now, a month after publication, the book is entering upon its 70,000, and from present indications it seems destined to be one of the "big sellers" of the

Mr. Thompson is a very versatile author. He has written a book on the "Birds of Indiana" in the style of John Burroughs. And he was State geologist of Indiana under the Democratic administration of Governor Gray.

The Willin Dermatological Club, of St. Louis, has been organized with the following members: W. A. Hardaway, president; M. F. Engman, secretary; J. H. Duncan, Joseph Grindon, W. P. Loth and J. Keber.

#### Society Meetings.

#### Marion County Medical Society—Meeting of November 18, 1900.

There was a larger attendance than usual, owing to the presence of Dr. J. H. Carstens, of Detroit, the guest of the society. Dr. Carstens' paper on gall stones and their diagnosis and treatment is printed among the original communications of this issue.

#### Discussion of Dr. Carsten's Paper.

Dr. L. H. Dunning had enjoyed especially the speaker's discussion of symp-The diagnosis is often easy, sometimes difficult, sometimes impossible. There are two classes of cases of gall stones; first, those with stones in the bladder; second, those with stones in the duct. In the first, the pain is due to spasm of the bladder, a muscular organ. In the second, it is due to irritation of the duct, is more constant and less severe, and jaundice, when present, is apt to be more pronounced and more lasting than when due to non-obstructive causes. Medicinal and hygienic measures, avoiding indigestion and constipation, will often lessen the frequency of attacks, but do not remove stones already present.

Dr. Dunning discussed the operation, agreeing in general with the essayist. He said it was not always possible to diagnose sepsis, for there may be chills and fever when the material in the gall bladder is not true pus. He called attention to the possibility of going through the foramen of Winslow into the lesser peritoneal cavity and to the common duct, and of doing this through the abdominal cavity or by lumbar puncture bringing a drainage tube through the back into the lesser peritoneal cavity and to the incised duct without exposing the general peritoneal cavity.

Dr. Joseph Eastman had enjoyed the paper, dealing, as it did, with a subject in which he was much interested. The longer and larger his experience, the less certain was he of diagnosis in difficult cases. Pain, he said, is by no means pathognomonic, either as to its character, location or duration, though it is often suggestive. It does not, as a rule, cease immediately upon passage of the stone into the bowel. As to treatment, saline

purgatives help to lessen the gastro-intestinal catarrh and to unload the congested or engorged hepatic circulation. No known medicine will dissolve gall stones already formed. The much-used sodium phosphate will not dissolve stones outside the body. How, therefore, could it be expected to do so when given internally? He agreed with Dr. Dunning in preferring cholecystotomy to cholecystectomy. He had seen but one case of stone lodged in the common duct, but had seen several lodged in the cystic duct and pressing upon the common duct. The finger is not always certain in detecting stones in the gall bladder. As a result of chronic inflammation, the bladder is often distorted and difficult of exploration. This is an argument in favor of drainage. Further, these cases nearly always have engorged and enlarged livers, and drainage of bile for a while does good. He does not look upon the operation as so dangerous as the essayist seemed to think. The results of all good operators are getting to be good; most cases recover. There is little danger of hernia from operations so high up in the abdomen. Hence exploratory incision is here less dangerous than below. The fistula should not be closed artificially; it should be allowed to close, if at all, spontaneously. The Murphy button he looks upon as rather dangerous in the stomach or gall bladder, since it may remain as an irritating forcign body in those organs.

Dr. F. C. Ferguson, continuing the discussion, said that in acute cases, especially when the patient has had former attacks, there is seldom much difficulty in diagnosis. The chronic cases are the uncertain ones. These are the cases which may resemble malaria, chronic sepsis, etc. But they have usually had acute attacks. He had seen a case which had led him to think enteroptosis may have been the cause of the gall stones. He had not seen the liver enlarged in most gall stone cases. As to operation, cholecystenterostomy gives as good drainage as cholecystotomy. It avoids a prolonged external fistula. It affords a channel for passage of a stone, formed in the hepatic ducts, into the bowel without going through the common duct. He therefore thought that in many cases this was the best operation. In doing it he thought the Murphy button the

best means of anastomosis. It makes the operation easier, quicker and more sure of success. His first case was in a woman four months' pregnant, and was successful.

Dr. O. G. Pfaff asked the essayist in regard to the choice between immediate closure of the bladder and drainage. The former is certainly the ideal operation and would be preferable if it gave equally good results. He had hitherto followed the latter method. Dr. Carstens replied that he had been gradually led by experience and study to use the former operation, and had only good results from it.

Dr. L. Burckhardt gave the history of a complicated case which had passed through the hands of a number of physicians, and in which incision finally revealed one stone in the bladder which projected into the duct and acted as a ball

valve.

Dr. Carstens closed the discussion, emphasizing briefly several important points, as follows:

1. The greater frequency of gall stones than is commonly supposed.

2. Patients sometimes have characteristic symptoms of gall stones, but lack others, and the diagnosis is obscure. These should have the benefit of exploratory operation.

3. Long-continued cases are dangerous because they hold the threat of final

sepsis, cachexia and rupture.

4. The non-necessity, in simple nonseptic cases, or those in which the stone cannot be removed, of drainage, either externally, or into the bowel by a Murphy button or any other means. In brief, in the absence of any special indication, do not drain.

Finally, the speaker called attention to the occasional apparent connection between appendicitis and gall stones, and to the fact that the appendix and an inflamed gall bladder may be adherent.

After adjournment of the formal session the members of the society had the pleasure of meeting personally the guest of the evening.

THEODORE POTTER, Secretary.

The author was entertained by Dr. L. H. Dunning, who gave him a dinner, which a number of mutual friends attended, at Dr. Dunning's residence. In the afternoon of Wednesday, from 1 to 3:30, Dr. Carstens occupied the hours of Dr. Dun-

ning and Dr. H. Jameson at the City Hospital, doing seven operations on five persons. There were 221 students of the several colleges in attendance, and some thirty or more physicians interested in the surgical diseases of women and their operative treatment. The work included anchoring of the kidney in a physician, lacerated cervix repair, closing ruptured perineum, abdominal hysterectomy, vaginal hysterectomy in a girl of seventeen with use of angiotribe, closing of rectovaginal fistula, etc. Dr. Carstens is a rapid operator and combines plain explanations with his work. At the present writing, November 26th, the patients are all doing well. Dr. Carstens was enthusiastically received by the students, who always appreciate this species of surgical clinic, as it represents in a way the spectacular and dramatic phase of the profession. Dr. Carstens was evidently elated at the variety and success of the clinic, the large attendance, and the friendly reception given him by the profession in Indianapolis. He closed with a few complimentary remarks as to the hospital, the medical schools of the city, and to Dr. Dunning as one of the stalwarts in the Sections on Diseases of Women in the various national societies. Addressing himself to the students, he urged them to aim high, to be whales and not minnows, etc., which was at least humorous if not extravagant.

For the ardent and expectant youth who see such work and listen to such advice, are, after all, like the school boys, each of whom expects to become the President of the United States. The lesser fry of the sea are, in fact, very good food for the whales, and in nature we find every grade of marine life, from the slimy Bathibius to the Leviathan, and all have their just and proper relations, for

#### "From hand to hand Life's cup is passed, Up Being's piled gradation,"

and these young aspirants will find when they are in practice that medicine is the constant, and surgery only the incident, and that obstetrics, for example, of which they learn little more than the theory, they will all have to practice, while surgery, which they tumble over each other to study, is really practiced by a very few, and these, as a class, the worst paid for their services of any branch of our profession. Whether to give an opiate or a

laxative may require as fine a discrimination and be of as much importance to the patient as the greatest operation in abdominal surgery. Fortunately our surgical specialists know this truth and do not overestimate the position which Councilman assigned them, the repairers and menders, rather than the foundation builders and constructors in our art. And no one knows this better than men who have, like Drs. Dunnings and Carstons, won their spurs through many years of general surgery, obstetrics and interior medicine. Possibly one or two of those who heard Dr. Carstens' strenuous advice to be whales will grow in time to his magnitude, and in any case high ideals will do no harm. Good is good, but the simply good is ever the enemy of the best. And so the advice to be a whale may be tempered by the voice of the oracle: "Be bold, be bold, be ever bold; but be not too bold."

#### The Marion County Medical Society-Annual Meeting at the Central Hospital for Insane, December 18, 1900.

The fourth meeting of this series will be held in the assembly room of the Pathological Department at 8 p. m. Tuesday evening, November 18th. The address of the evening will be given by Lewellys T. Barker, M. D., director of the Hull Anatomical Laboratory of the Chicago University and professor of anatomy in

Rush Medcial College.

The attendance at this meeting is strictly limited to the members of the Marion County Medical Society, or such guests as may be invited by the executive committee of the society. Dr. Barker was formerly associate in pathology in Johns Hopkins University, and is the author of "The Nervous System, and its Constituent Neurons." The society is fortunate in having so eminent an anatomist of the nervous system as its guest. These meetings have been of the greatest interest and value to our society, and the attendance is usually over one hundred and twenty of the hundred and ninety members of the society. The Pathological Department was initiated by an address by Professor Ludwig Hektoen, December 18, 1896, who took for his theme "The Contributions of Anatomy and Pathology to the Nervous System," printed in this journal, January, 1897. The second ad-

dress was by Superintendent Joseph G. Rogers, of the Northern Indiana Hospital for Insane, March 1, 1898, on "First Aid to the Insane," printed in the JOURNAL of April, 1898. The third meeting was addressed by Professor C. B. Burr, M. D., medical director of the Oak Grove Sanitarium for Nervous Diseases, at Flint, Mich., December 5, 1899, and was published in this journal the same month. These addresses were discussed by various members of the society—Drs. W. B. Fletcher, E. C. Reyer, C. E. Smith, of the Eastern Hospital for Insane at Richmond, Ind.; A. E. Sterne, of Indianapolis, medical superintendent of the Norways, a sanitarium for nervous and mental diseases, at Indianapolis, all well-known alienists,

and others of our profession.

The Medical College of Indiana and the Central College of Physicians and Surgeons are presenting a series of clinical. lectures on mental and nervous diseases at the Hospital for Insane, given by Professors W. B. Fletcher, E. C. Reyer, A. E. Sterne and F. B. Wynn. These lectures and clinics occur on Tuesday and Thursday afternoons of each week throughout the college year, and are open to the medical profession throughout the State and to the students of any medical college who may choose to attend. The attendance at these lectures is large, as many as 125 being often in the lecture room.

The American Association of Assistant Physicians to the Hospitals for Insane held their annual meeting at the Pathological Department of this hospital in

September of the present year.

The Bacteriological Section of the American Health Association also held their sessions in this Department, October 22d, during the time of the Indianapolis meeting.

At a meeting of the Board of Health of the city of Newark, N. J., held November 20, 1900, the following resolutions were

unanimously adopted:

NEWARK, N. J., Nov. 20, 1900.

Resolved, That the Board of Health of the city of Newark, N. J., hereby conveys its thanks to Dr. Geo. F. Edenharter, Superintendent of the Central Indiana Hospital for the Instine, for the kind and courteous treatment accorded the delegation of this board while attending the annual meeting of the American Public Health Association, and also wishes to

congratulate the Superintendent and Board of Directors upon the possession of one of the most complete and modern pathological laboratories to be found in this country, the value of which, as an adjunct to medical science, must be appreciated by all intelligent laymen, as well as physicians, and clearly indicates the advanced and progressive stand Indiana has taken in the field of pathological resear. h; and, be it further

Resolved, That a copy of these resolutions be forwarded to Dr. Edenharter.

#### PERSONAL.

#### Dr. Hibberd, of Richmond.

To an invitation extended by the secretary to attend the Marion County Society, of which Dr. Hibberd is an honorary member, he responded as follows:

RICHMOND, IND., Nov. 12, 1900.

MY DEAR DR. POTTER—I should gladly attend the Marion County Medical Society meeting to-morrow and rejoice in mental and professional feast to served by Dr. Carstens, of Detroit, did not time lay his admonishing hand tenderly on me, recalling what my ample experience has proven, that every trespass by myself upon my reduced vitality is followed by pathologic disorder as an inevitable sequent. I am thankful for the measure of health and degree of strength "above the average of doctors who note their status within eight days of having passed the eighty-fourth annual time mark of earth life, but my ability to attend a function of any character that requires me to suspend locomotion and be quiet for an hour no longer exists.

My kindest regards to Dr. Carstens and to your society.

Very sincerely yours, JAS. F. HIBBERD.

#### NECROLOGY.

#### Dr. Harter, of Akron.

Rochester, Ind., Nov. 21.—Dr. C. F. Harter, of Akron, Fulton county, died suddenly, Monday afternoon, while attending a patient about three miles from his home. His health has been bad for several months, and he was gradually failing under repeated attacks of heart

failure, one of which caused his death-Dr. Harter was sixty-five years old. He was a member of the Fulton County Medical Society, and at one time was secretary of the County Board of Health and pension examiner for the county.

#### Robert R. Washburn.

Dr. Washburn, of Waldron, Shelby county, Ind., died at his home November 11, 1900. He had been a long-time sufferer from sciatica. Dr. Washburn served in the civil war as a surgeon. His son, who has been associated with him in practice since he graduated from the Indiana Medical College in 1897, will continue his father's business. Dr. Washburn was a member of the county and State societies. He was also an enthusiastic collector of the fossils of the Niagara limestones which are found in such profusion in the silurian horizon about Waldron and Flat Rock.

#### Reviews and Book Potices.

The Fishes of North and Middle America.

ESTIMATE OF THE AUTHOR, DR. JORDAN, BY DR. BRAYTON—SCIENTIST, TEACHER, UNIVERSITY BUILDE< AND PUBLICIST.

More Than Three Thousand American Fishes Described—A Huge Work in Four Parts—Its initiative and Completion.

The recent issue of Part IV completes Jordan and Evermann's "Fishes of North and Middle America," published as Bulletin No. 47 of the United States National Museum. This work is a continuation of the "Synopsis of the Fishes of North America," by Jordan and Gilbert, issued in 1882, a single volume of 1,074 pages, describing 1,340 species of fishes. The present work is in four volumes, containing 3,500 pages, with 392 plates, and describing over three thousand species. This great increase in species is in part due to the inclusion of the fishes of Middle America, but the larger part is due to the increased number of species discovered and classified by Doctor Jordan and his students and co-laborers in the eighteen years since the publication of the "Synopsis."

This work is not popular in the ordi-

nary sense, but still its style and method is such that it is of inestimable value to the ordinary angler and fish lover, while it is simply indispensable to the students of American ichthyology. A half century may pass before any extensive revision is attempted.

For this is a master work, representing the most faithful and persistent research attempted in systematic zoology in the century, and fortunately backed by the most powerful and liberal government extant. The Coast Survey, the navy, the United States Fish Commission and the Fish Commissioners of the various States, as well as the great museums of every nation have assisted or given the use of their collections to the advancement of this report, as it is essentially a key to all the fishes, both fresh water and marine, of the entire world.

The present writer has been in touch with the authors for over twenty years, and for a time took an active part in collecting and studying the fishes classified in the "Synopsis" of Jordan and Gilbert in 1882. The complete work even surpassed in its value to icthyology the great Catalogue of Fishes of the British Museum. It would be worth the while of the nations, if that were possible, to put the entire collections and literature of fishes in charge of Jordan, Gilbert and Evermann, so that they might issue a comprehensive catalogue, with descriptions and plates of the eight or ten thousand species now known, to be published in the English language, rapidly becoming the vehicle of science, diplomacy and literature throughout the world.

Indiana may well take pride in the fact that the authors are all Indiana naturalists. Doctor Jordan graduated at Cornell in 1872. He taught and studied with Agassiz at Penikese in 1874, and by Agassiz was charged with the necessity of studying the fishes of the southern Allegany region as a problem in distribution and evolution—the problem of Wallace and Darwin. But the 600 known species of North America were confused and the literature inadequate and scattered. And so he spent three summers collecting and studying the Allegany fishes. It was the pleasure and privilege of the writer to spend two summers with Jordan, Gilbert and Evermann in this work, which culminated in Jordan's "Manual of the Vertebrates of North America," in various papers, and finally in the Bulletin of 1882 (known as the "Synopsis"), which doubled the number of species heretofore known in American waters.

From 1874 until he took up the organization of Stanford University in 1891, Doctor Jordan was the leader in zoological work in Indiana—a year in the Indianapolis High School, four years in Butler Colege at Irvington, 1875-79; professor of natural history in the State University for five years, and from 1885 to 1891 its president. He made the backwoods college of Indiana a hotbed of natural science and elective instruction, and at the same time kept up his detailed study of fishes, leading an enthusiastic group of naturalists into the inspiring fields of original research.

Among these students were Professor Charles Gilbert, of Indianapolis, now of Leland Stanford, and Professor Barton W. Evermann, of Carroll county, Indiana, now ichthyologist of the United States Fish Commission. Indiana may well pride herself upon her scientific teachers—the Owens family, in geology; Kirkwood, in astronomy; Wiley, in chemistry, and her present group of workers, including Professors John Coulter and Stanley Coulter in botany, and Jordan, Gilbert and Ever-mann in ichthyology. The physicians of our State will claim Drs. Wiley and Jordan in their ranks, as both have the degree of medicine from the Indiana Medical College, Dr. Jordan giving the lectures on comparative anatomy in 1874-5, and Dr. Wiley serving as professor of chemistry.

Dr. Jordan is now a "fisher of men," although still keeping in touch with natural science. His popular lectures, of which two or three volumes have been issued; his series of educational essays; his stray papers on evolution and ethics, published from the Indiana University, and from Leland Stanford, mark his great versatility.

During the present summer he has been collecting in Japan. The loss of his little daughter, Barbara, by scarlet fever, during his absence is to him a stunning blow, for, like Mignon in Meister, little Barbara is the thread of gold intertwined in the warp and woof of his later life and writings, "connecting with the heart much that otherwise were addressed only to the head."

It is Barbara who illustrates the positive side of subjective truth in his major ethical essay, "The Stability of Truth," published in the *Popular Science Monthly* several years ago, and in the "Foot-Notes to Evolution," January, 1898.

"I was walking in the garden, not long ago, with a little girl, to whom I told James Whitcomb Riley's story of the 'goblins that get you if you don't watch out' —a story supposed to be particularly attractive to children. 'But there isn't any such thing as a goblin,' said the practical little girl, 'and there isn't ever going to be any such thing.' Mindful of the arguments of Berkeley Balfour, I said to her, in the spirit of philosophic doubt, 'Maybe there isn't any such thing as anything, Barbara?' 'Yes there is,' she said, and she looked about her for unquestioned reality; 'there is such a thing as anything; there is such a thing as a squash!' And in this conclusion of the little girl the reality of the objective world, the integrity of science and the sanity of man are alike bound up, etc."

It was this little positivist, Barbara, who was the inspiration of the charming book of fairy tales, old ones retold and new ones invented, published by the Appletons, with the title, "The Story of Knight and Barbara"—tales ethical, scientific and even nonsensical—related by Jordan to his little son and daughter and other children, and illustrated by drawings made by the children themselves.

Whatever criticism may be passed upon Doctor Jordan because of his lectures, essays and recent book on "Anti-imperialism," and his fearless discussions of evolution and ethics, his work on fishes will stand forever as one of the great monuments of biological science. For here Jordan deals with facts, and not with notions and opinions.

But like every great scientist, Jordan is also an idealist, and ideals always tend to go over into action. As he teaches, it is the wisdom of each generation, of its science as well as its religion, to form the ideals of the next. "Dreams are evanescent, but the essential of ideals is persistence; the will is behind ideals, and their persistence is the central axis of the life worth living."

And so true to his nature, to all his teaching for a quarter of a century, true to the spiritual heredity that has come to him through the long line of New England ministers who were the direct forbears of Dr. Jordan and Mr. Emerson, he has "carried his ideals over into action," and into expression at a time when they naturally attracted more attention and opposition than they could have possibly done since Dr. Jordan came into prominence. The "liberty of prophesying" has been eloquently vindicated by the English race for centuriesfrom Milton to Emerson and his kinsman, Dr. Jordan, and the latter has never feared to exercise his privilege of discussion in the border lands of religion and science.

Recent newspaper reports would indicate that the liberty of free thinking and teaching in regard to economics has been attacked and threatened in Leland Stanford University, as was some time ago rumored to be the case in the University of Chicago. It probably cannot be claimed for any university in the United States that there is absolute freedom of utterance in regard to theological, social or economic questions. Perhaps it is best Professors paid out of a great private endowment, or even out of funds furnished by the dominant political party to a State university, should keep within the reasonable limits of such prescriptions as surround those institutions. There is plenty of room outside of educational institutions if a man has advanced notions which he can find no hearing for on the inside. There is the same opportunity for these men that Mr. Bryan had; let them make a platform and a party outside if they cannot make it peaceably inside. But it is not the spirit of universities to permit liberty to become license.

So far Doctor Jordan has secured the greatest freedom and the greatest progress for his junior professors of any university president in the United States. But he has always held men subordinate to measures and has as promptly dropped them when in the way, as he has advanced them

to the upper ranks when he discovered capacity in them. And so he has created more great teachers than any other university president of his time. Liké Emerson, peering into every open cradle, hoping possibly to discover another Messiah, Jordan studies every graduate with a view to future uses and promotions. Leland Stanford does not depend alone on Professors Ross, Aldrich and Howard, nor was it the purpose of its founders to make the school the propaganda of commercial socialism, or of extreme views of econoit is a school for the advancement and teaching of the sciences and the humanities. By its happy location, its great endowment, the liberality of its curriculum, and the wise management of President Jordan, it has come in ten years to a position of strength, beneficence and popularity which other universities have not attained in generations.

When Mr. Stanford and his wife determined to found a university on the Pacific Coast of the United States which by its position and endowment should rival the great schools of the Atlantic region, he visited Harvard College and Cornell University, the acknowledged seats of literature and science, and took counsel of President Eliot and ex-President White. They both urged him to secure Dr. Jordan as the president of the new ven-Without scholastic education, Senator Stanford was none the less a man capable of bold enterprises; common schoolboy in New York, lawyer in Wisconsin, delegate to the Lincoln convention in 1860, Governor of California in 1861, and organizer and president of the company which built the Pacific railroad, personally superintending and spending twenty millions on the mountain stretch of 100 miles, United States Senator from 1885-91—this life-work was an education no university could impart. When President Eliot told him that the material plant of Harvard College was worth from ten to twelve millions of dollars, he simply turned to his wife and said: "Well, dear, I guess we can stand that." he never for a moment thought that it was possible to endow Leland Stanford Junior University, with the history, traditions and sentiment that to Matthew Arnold "invested Boston Bay and Concord akin to that which invests for me the names of Oxford and of Weimar." He more than likely had only in view the founding of an institution in memory of his son, "where," as Ezra Cornell said when he endowed the university which bears his name, "any person can find in-struction in any branch of knowledge." He certainly did not intend to so emphasize any erratic or evanescent notions of economics or political economy as to harrass or jeopardize the large and liberal purposes for which Leland Stanford University was endowed and organized, nor is such evidently the intentions of Mrs. Stanford or of President Jordan, who are faithfully carrying out the purposes of the founder.

The university can now go on of itself, even without Doctor Jordan, if that were necessary, for it has become a part of the institutional life, and a necessity of the Pacific coast people. Leland Stanford University was founded in sorrow, and is consecrated as the monument of a noble sacrifice. Its president is recognized as the greatest inspirational teacher since Agassiz, and easily the largest-minded man who ever dwelt upon the Pacific Coast. He will never be found "playing at philosophy," or "pretending to know or believe what he does not know or believe."

His views on expansion, given at a critical period in lectures at Indianapolis, Columbia University and Harvard College, were in opposition to the administration, as were those of his immediate friend, General Harrison, who stated at about the same time that the course of the administration was a serious departure from right principles. though admitting, months later, that eminent lawyers differed as to the questions at issue, and that they might ultimately require the decision of the Supreme Court. The course of both of these eminent men is in keeping with Doctor Jordan's constant iteration, based upon evolutionary history, that "life without concessions or conditions is the philosopher's dream," and that "there is no alleviation for the troubles of men, except through absolute veracity of thought and action and the resolute facing of the world as it is."

In this review we have touched upon both the book and its author. Doctor Jordan has passed to the higher sphere; he has become a fisher of men, and has even

attempted the regulation of the nations, and all this he has done with such force and cogency as to get a hearing and to become himself the subject of criticism.

His friends in Indiana, thousands of students and teachers who know him, will not worry about Doctor Jordan or the university of which he has so far been the soul and center.

He has shaped his life well and molded his ideals into actuality. He has builded or rehabilitated three Western centers of learning—the Indiana State University, Leland Stanford, with its twenty million endowment, and incidentally the University of California, which has taken on a new life and growth in sheer emulation of the great school at Palo Alto. through all the years of this strenuous work as an educator, which lifts him to the rank of such university presidents as White, Eliot and Harper, he has carried on investigations in natural history, which put him in the very front rank of systematic biologists, as is shown in the great work on "The Fishes of North and Middle America." A. W. BRAYTON.

—From the Indianapolis News of November 24th.

Biennial Report of the Department of Health of the City of Chicago for 1897-98. By courtesy of Arthur B. Reynolds, M. D., Commissioner of Health.

The report opens with a memorial to the late Dr. Erasmus Garrott, who died April, 1898, and who only wished written on his tomb "He vaccinated." To him is mainly due that in 1897 there were but seven cases of smallpox in Chicago. Inspector Dr. W. J. Class has an extensive report on epidemic cerebro-spinal meningitis—fifty pages. Other reports and statistics conclude a valuable report of over 300 pages.

Studies in the Psychology of Sex.— The Evolution of Modesty. The Phenomena of Sexual Periodicity. Auto-Erotism. By Havelock Ellis. 63x75 inches. Pages xii-275. Extra cloth, \$2, net. Sold only to physicians and lawyers. F. A. Davis Company, publishers, 1914-16 Cherry street, Philadelphia.

These studies deserve far more than the customary perfunctory review. Our copy has been in such constant demand by the various physicians who are so pleasantly and cordially at home in the office that the writer has scarcely read it for critical re-But he has spoken of it to his classes in medicine as a book worthy of owning and reading by every physician. The subject is under a social ban, and the book could not be published in England, and so seeks a wider and more liberal audience in our country. The author states that while "liberty of prophesying" has been eloquently vindicated for centuries by Englishmen, the liberty of investigating scientific facts is still perilous. Huxley, Tyndall and Michael Foster have made the same point; the great physiologist in his recent course of lectures in San Francisco, and also in a recent address before the students of the Denver Medical College.

Professor Neisser inoculated a number of girls in an institution with an antisyphilitic serum, creating so great an excitement regarding experimental medicine that the government appointed Professor Virchow to investigate. Virchow only condemned Professor Neisser because he proceeded without the permission of the relatives, speaking at length of the reasonableness of this course and hoping that an antitoxin for the loathsome disease the girls were suffering from would be found. He begged the Chambers not to judge animal experimentation from a sentimental standpoint, for without it the

serum therapy is impossible.

Professor Virchow continues: "When a certain point in it is reached it will be quite natural, and I cannot consider it a folly or wickedness or a crime, if the experiments have been proved on animals, to try them on man. Yes! gentlemen, it is the only way, and it is done continually. It is very difficult to fix a definite boundary line as to experiments; in my opinion it should be left to the right dictates of the doctors, and when we reach that point of educating truly conscientious doctors, it will be the best guarantee the public This conscientiousness would can have. be strengthened by control. Control belongs to it. When a man works all day without control, it happens that he becomes careless and oversteps the boundary. It is human; relaxation takes place, then many people forget what is fitting, and thus abuses occur which should never have taken place." The learned professor spoke mockingly of the agitation which hysterical ladies promoted against experiments on animals, and maintained the right of scientific experiments in principle, and of using the experience gained by animal experiment by degrees on men.

Fortunately the United States has escaped the suppression exercised in Germany and England, although it has been by the exercise of the greatest vigilance that our profession has prevented the Senate of the United States passing bills regulating and even preventing animal experimentation in the District of Columbia

The paucity of our knowledge upon the subjects discussed by Mr. Ellis is partly due to the existing prejudices against investigations along these lines. Such prejudices necessarily cause many obstacles to be thrown in the way of the investigator, which render his task both difficult and unpleasant, and even after his observations have been made and conclusions drawn the difficulties are by no means at an end. There is a strong element of public opinion that is opposed to the publication of works upon this and kindred subjects, and to some extent this element of opposition exists even within the ranks of the medical profession. This is shown by several of the reviews of this book which we have noticed. We are sure that every candid physician who wishes to see things as they are will welcome the work of Ellis.

The author discusses at length the questions of weekly and monthly sexual cycles in males, the animal sexual rhythm in animals and man which has been shown by Cook, the government ethnologist, to exist in a marked degree among the far Northern Esquimaux.

There is a coincidence of the conception rate, the suicide rate, the general paralysis rate, etc., in regions having the same isotherms. The hight is in May for the isotherm of London. And so that which is so well known of the bird and the flower—that they are governed in their reproductive instincts by the inclination of the earth's axis and the consequent seasonal changes, also holds true of man, who is participant in nature and not separate or

dominant—the evolutionary law of Darwin, phrased by Tennyson:

"One God, one law, one element."

But of all the interesting chapters of this book, that on the Evolution of Modesty is the most interesting. The significance of the female face as the basis of sexual attraction among the dwellers in climates requiring clothing—how did this anomaly arise? Carlyle puzzled over the clothes question—see his "Sartor Resartus; the Clothes Philosophy."

Form of body is something, too, though hidden by drapery in painting. The school of the nude has a constant fight for its life—outside of the old pagan Greeks, which even our Christian people are forced to tolerate, though the Boston Library sent the Bachante of MacMonnies to the great art museum of Gotham.

But it was a Boston poet, who, recognizing the old eternal beauty, which has outlived and will outlive all traditions and theologies, wrote:

"The sinful painter drapes his goddess warm, Because she still is naked, being dressed; The God-like sculptor will not so adorn

plication.

Beauty, which flesh and limbs enough invest."
Evil to him who evil thinks, and to the pure all things are pure, are maxims which will never lose their point and ap-

But one must stop. It is enough to say that this is a scientific research, and no thoughtful physician can afford to The title, "Psychology of pass it by. Sex," suggests a lot of nasty books by half-baked and nasty men, types of the moist clammy beasts, with their mouths full of foul stories, which they hold you down in a corner to hear. They are the mental and sexual perverts of our profession, and will spend an evening in reciting a mock drama, the topic of which is, forsooth, England's greatest poet, excusing himself for breaking wind in the presence of England's greatest queen!

But, none the less, the title is the correct one for the book, and its author will have the thanks of all decent men of our profession for having handled a noble theme in a pure and worthy way.

The Medical News Visiting List for 1901. Weekly (dated, for thirty patients); monthly (undated, for 120 pa-

tients per month); perpetual (undated, for thirty patients weekly per year); and perpetual (undated, for sixty patients weekly per year). The first three styles contain thirty-two pages of data and 160 pages of blanks. The sixty-patient perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, with pocket, pencil and rubber. Seal grain leather, \$1.25. Thumb-letter index, 25 cents extra. Philadelphia and New York: Lea Brothers & Co.

One of the best and most convenient of the many publications of this nature is the Medical News Visiting List. The work opens with thirty-two pages of printed data of the most useful sort, including an alphabetical Table of Diseases with Approved Remedies, a Table of Doses, Sections on Examination of Urine, Artificial Respiration, Incompatibles, Poisons and Antidotes, a Diagnostic Table of Eruptive Fevers.

Sexual Debility in Man. By Frederic R. Sturgis, M. D., formerly clinical professor of venereal diseases, medical department, University of the City of New York; ex-visiting surgeon to the City Hospital, Blackwell's Island; author of "A Manual of Venereal Diseases;" one of the authors of "A System of Legal Medicine," etc., etc.

The author of this work has, for many years, devoted his attention exclusively to venereal and genito-urinary diseases. He has long been considered by the medical profession in this country as an authority in his specialty, and his distinguished ability has received ample recognition abroad.

Thus in the chapter on masturbation he has combated the old and time-honored belief that indulgence in this habit is the necessary prelude to both physical and mental degeneration, and, while not glossing over the dangers which may, under certain conditions, result from the habit, he has attempted to point out the folly of the hysterical denunciations which have been heaped upon it by pseudo-philanthropists and ignorant medical men. He has also separated spermatorrhea from pollutions, aiming to show that the two are absolutely distinct and separate discases; that spermatorrhea is not the finale

of pollutions, but is a disease sui generis, the symptoms, course and treatment of which are entirely different from the latter. He has also striven to correct the foolish and ridiculous idea that the man afflicted with spermatorrhea is foredoomed to impotence and sexual uselessness. Complete in one octavo volume, about 450 pages; illustrated, neatly printed and substantially bound in cloth; \$3 net. E. B. Treat & Co., publishers, 241-243 West Twenty-third street, New York.

Evans' Obstetrics—A Pocket Text-Book of Obstetrics. By David J. Evans, M. D., lecturer on obstetrics and diseases of infancy in McGill University Faculty of Medicine, Montreal. In one handsome 12mo. volume of 409 pages, with 149 illustrations, partly in colors. Cloth, \$1.75, net; full flexible leather, \$2.25, net. Lea's Series of Pocket Text-Books. Edited by Bern B. Gallaudet, M. D. Lea Brothers & Co., Philadelphia and New York.

This book has been written particularly for the medical student and practitioner by one whose experience both clinical and teaching has specially fitted him for the task. It is compendious, concise, and readily intelligible, giving the essentials of its subject in its most modern aspect.

The arrangement of the book is that which has proved most advantageous for the beginner. Thus the physiology of pregnancy, labor and of the puerperium has been dealt with quite fully before consideration of the pathology.

Normal labor and the more frequent difficulties are dwelt upon at length and with sufficient detail, whereas the rarer conditions and complications are described more briefly. Illustrations have been used liberally.

Culbreth's Materia Medica and Pharmacology.—A Manual of Materia Medica and Pharmacology. Comprising all organic and inorganic drugs, which are and have been official in the United States Pharmacopæia, together with important allied species and useful synthetics. For students of medicine, druggists, pharmacists and physicians. By David M. R. Culbreth, M. D., professor of botany, materia medica and pharmacognosy in the Maryland College of Pharmacy, Balti-

more. New (2d) edition. In one octavo volume of 881 pages, with 464 illustrations. Cloth, \$4.50, net. Lea Brothers & Co., publishers, Philadelphia and New York.

Professor Culbreth's work on Materia Medica and Pharmocology is now in its second edition. The book is clearly and

comprehensibly presented.

In this new edition, the latest approved remedies, a more detailed statement of the physiological action of the leading drugs, their incompatibilities and synergists, a more comprehensive account of poisons, including combating methods, a treatise on prescription writing, and a number of new illustrations, mark the leading changes that are hoped to merit for the work an increase in popular favor. The volume has been noted for its abundant and accurate illustrations, which number 464 in the new edition.

The Review of Reviews gets its name from the important departments, "Leading Articles of the Month" and "Periodicals Reviewed." Here are reviewed, summarized, quoted or condensed, as best fits the reader's needs, the most useful articles that have appeared in practically all the other magazines of the world. These departments make it sure that nothing will be written in any monthly of Europe, Asia, Africa, Australia or America, of notable significance, that will be missed by the readers of the Review of Reviews.

Other departments, like the striking "Current History in Caricature," in which the story of the month is reflected in the strongest cartoons that have appeared in various parts of the world; the succinct and accurate "Record of Current Events," "The New Books," The Contents of the Magazine," all help to make the whole magazine, as the *Literary World* puts it, "the world under an eye-glass."

We gave a somewhat extended notice of Buck's "Reference Hand-Book of the Medical Sciences" in our November issue, of which the Northwestern Lancet, a journal very discriminating in its book reviews, says:

The first edition of this valuable work was begun in 1884 and completed in 1887.

Since that time such rapid strides have been made in many of the subjects treated upon that it became necessary either to issue a supplementary volume or to completely rewrite the whole edition and publish it all de novo. Very wisely, we think, the latter course was adopted, and if the present volume is an indication of the future ones, the work will become a necessity to the busy physician. Every conceivable subject connected with the profession is fully gone into—so far as all subjects concerned commencing with the letters Aac up to those of Bla, which is covered in Volume I. For example, there is a complete synopsis of the subject of army field hospital organization and transport, the latter subject being prettily illustrated by a diagram of the United States army transport "Thomas." Between fifty and sixty pages are devoted to bacteria, with profuse and beautifully executed plates, the subject being treated concisely and yet, considering the immensity, very fully. No book that has come to our table has caused us the pleasure that has this one, and we think no practitioner can afford to be without it.

A new edition, completely revised and rewritten. Edited by Albert H. Buck, M. D., New York City. Volume I. Illustrated by numerous chromolithographs 498 fine half-tone and wood engravings. New York. William Wood & Co. 1900.

#### Pamphlets Received.

"An Essay on Obesity," by Dr. Cathell, of Baltimore, sent out by Wyeth & Brother to advocate their granular effer-vescing salts—Vichy and Kissingen.

"The Public Health and the State's Duty to Protect It," by Dr. Smith, of Austin, Tex.; also "Maladministration of Public Medical Affairs in Texas," by Dr. West, of Galveston. (Evidently there is trouble in Texas aside from the tornadoes.)

"Digestion in Plants and Animals" is a trade pamphlet of forty-eight pages sent out by the American Ferment Company to advocate the digestive powers of their Essence of Caroid.

"The Marion Sims Hospital Announcement" advocates the Chicago Hospital and Training School of that name. A very pretty piece of printing and a worthy institution.

"Retinitis Albummurica, with Cases,"

by Dr. Alter, of Toledo, O.

"Two Cases of Epithelioma of the Vulva," by Dr. Noble, of Philadelphia, with plates. Operation; one died and one is well after two years. A rare location for cancer.

Many reprints from Dr. Carl Beck, of New York; some in German and others in English; "Surgery of Uterus," "Fractures," "Bladder," etc.—even "Roentgen X-Rays."

Purdue University papers—"Roots for Swine," by Professor Plumb; "Tests of Small Fruit," by Professor Plumb.

"Excision of High Rectal Carcinoma Without Sacral Resection," by Senn, of

Chicago.

"The Lane Medical Bill of Ohio;" "The Veto of the Colorado Bill by Governor Thomas;" "Medical Ethics." Written by the kickers against education of sphysicians and State control of the practice of medicine. Good to light the fire with.

"Degenerative Results of Defective Heredity," by Dr. Charles Denison, of Denver. The paper echoes Hueppe's view that bacillary infection is but an incident to tuberculosis. Scientific and ideal, and approved by the society which heard it.

Catalogue of new medical and surgical works of the J. B. Lippincott Company.

Pictures of the authors.

Contribution to the "Therapy of Encephalocele," by Carl Beck, with many

illustrations. Interesting.

"Neurasthenia; its Pathclogy and Treatment," by George W. McCaskey, of Ft. Wayne. This is Dr. McCaskey's favorite subject, and is well studied and presented. By the same author "Report of a Case of Tumor of the Cerebellum with Drainage of Fluid Through the Nose," from the New York Medical Journal.

"Superheated Dry Air in the Treatment of Rheumatic and Allied Affections," by Dr. T. E. Satterthwaite, of New York. A good discussion of this treat-

ment.

"Cystogen." This by Dr. C. L. Lewis and W. H. Seward. Cystogen is commercial urotropin. The doctor who has not used these drugs to keep the bladder free of fermentation has missed one of the most valuable aids to genito-urinary

therapy. In the interest of the Cystogen Chemical Company, of St. Louis.

Dr. Ferd. C. Valentine, professor of genito-urinary diseases, New York School of Clinical Medicine, in an article published in International Journal of Surgery, "An Introductory to the Mechanical Diagnosis and Treatment of Urethral Diseases," says: "During the treatment of any urethral disease, the urine should be kept as aseptic as possible. Frequently it will be found turbid, and of a putrid odor. Then boric acid or salol, or both together, in copious draughts of water, may be prescribed four or five times daily. I have for some months used Cystogen in five grain tablets for the same purpose and so far with quite satisfactory results in most cases of cystitis from intravesical decomposition of the urine, as is very frequent in tight stricture and enlarged prostate. Under the use of this drug, the urine, in some cases, loses its putridity in a few days, and the pain of voiding it is materially ameliorated."

"Digitalis." This is published by the Eli Lilly Company, of Indianapolis, in the interest of their Purified Tincture of Digitalis. Physiologically tested. The therapeutic tests were made by Dr. Frank B. Wynn, of Indianapolis, and are noticeable for the fine series of pulse tracings taken by Dr. Wynn from patients under the influence of this pure digitalis.

"Mosquitos and Malaria." This pamphlet is sent out by McKesson & Robbins, of New York, to advocate the use of their Tartarlithne, and also Guaraquin in malarial fever. But at the same time it gives, through fifteen pages of text and plates, a complete account of the role of the mosquito in the transmission of malaria and therefore rises to the dignity of

a scientific treatise.

"An Essential Preliminary of Convalescence" is the name given to the brochure which advocates Prima Purificans in liver complaint and "blood diseases." The writer has frequently used it as a vehicle for iodide of potash and mercury salts in the treatment of syphilis and as a general tonic. See the advertisements in this journal.

Speech of Hon. William Mason in the Senate, May 2, 1900, on "Pure Food Legislation;" pages thirty-two. Sent to anybody by the "gov'ment" on application.

No. 7. Vol. XIX. INDIANAPOLIS, JANUARY, 1901.

{ Price, \$1.00 a Year. { Whole No. 223.

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# Indiana Medical Journal.

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INDIANAPOLIS, JANUARY, 1901.

No. 7.

#### Addresses and Original Communications.

ON THE IMPORTANCE OF PATHOLOGICAL AND BACTERIOLOGICAL LABORATO-RIES IN CONNECTION WITH HOS-PITALS FOR THE INSANE.\*

BY LEWELLYS F. BARKER, M. B., TOR., Professor and Head of the Department of Anatomy in the University of Chicago, and in Rush Medical College.

The subject to which I have been asked to direct your attention for the next half hour or more is "The Importance of Pathological and Bacteriological Laboratories in Connection with Hospitals for the Insane." I am desired, I take it, not to make a plea in favor of the establishment of such laboratories, for the need and importance of them, in all higher medical circles, is, I think, generally recognized, and such a plea is unnecessary, but rather to review briefly the benefits which have been derived and are derivable from these and similar institutions of study, and to indicate some of the ideals which those in charge of them hold up before themselves as the desirable and the possibly attainable.

In a hospital for the insane we have to deal, as a rule, with a large aggregation of individuals among whom are a relatively large number that suffer (as antecedent to, consequent upon, or simply as accidentally concomitant with mental or neural maladies) from diseases of various parts of the body. In so far, every hospital for the insane is also a "general hospital." Leaving out of consideration the distinctly psychiatric side of the question for the moment, it is obvious then that we have in the hospital

for the insane, as we have in any other hospital, cases which demand for their proper understanding special knowledge in the domain of internal medicine, of surgery, and sometimes of gynæcology. When the psychiatric or principal side of such institutions is also borne in mind, we have in addition to take account of the special advantages which pathological and bacteriological laboratories afford in the understanding of the special problems which confront the alienist.

Why is it, let us ask ourselves, first, that in the study of medicine, surgery and gynæcology the methods of the laboratory play so much larger a part than formerly, and that pathology and bacteriology are magic words in the medical vocabulary? Why is it that in connection with the hospitals of the better sort in all the large cities of this country and of Europe distinct rooms, or buildings, have been or are being set apart from the others, to be manned by men who have had especial training in mechanical, physical, chemical and microscopical methods, and to be devoted entirely to the study of abnormal form and function?

When the records that have come down to us are consulted it is found that up to the time of Morgagni physicians were engaged in studying diseases by observing sick individuals during their life time and in trying by almost purely empirical methods to cure them. Diseases were by many looked upon as concrete entities, separable from the body, which, on entering it, created a disturbance until they were expelled. Even those free from the common idea that diseases were identical with certain evil spirits were more or less imbued with the conception mentioned. It is to Morgagni that the world owes the banishment of this false view. In his book, De sedibus et causis morborum, are to be found the doc-

<sup>\*</sup>An address given before the Marion County Medical Society and its Invited Guests, Tuesday evening, December 18th, in the Pathological Department of the Central Hospital for Insane, at Indianapolis, Indiana

trines which he spent his life to promulgate, and upon which, as a foundation work, the great structure of modern pathology has been built. "Concerning the causes of disease and the localities of the body diseased"—we recognize in this title the themes which have animated hundreds and thousands of the best medical minds from the time when Morgagni formulated it to the present day. "Ubi est morbus?" -where is the disease?—was the question which Morgagni and those who have followed him have always put to themselves for answer as the first step in the solution of the problems of the cause, of the nature, of the cure, and of the prevention of disease. This introduction "anatomical idea" into the study of disease-processes, as Virchow has pointed out in his admirable address upon Morgagni,\* was of the deepest influence in forwarding pathological investigation. Post-mortem examinations were made more frequently; keen minds set to work making acute observations on the deviations from the normal met with in the structures as examined at autopsy. John Hunter, the famous Englishman, in that uncanny menagerie of his at Earl's Court, is a notable example of an enthusiastic pathologist, who worked not only at the morbid anatomy of human beings, but also at that to be met with in the animals which came under his notice. Johannes Mueller, in Germany, combined such pathological work with his studies in anatomy and physiology and made important discover-Louis, in Paris, in connection with his clinical work on fevers, made most interesting observations on the changes visible in the viscera in many of his fatal cases. Rokitansky, who numbered his autopsies by thousands, added mously to our knowledge of the gross alterations in form which occur in disease. These studies, however, dealt chiefly with the grosser localization of pathological lesions, i. e., with the localization of the changes in given diseases to certain particular organs.

It was left to a French psychiatrist, Pinel, and to his pupil, the brilliant but unfortunate young anatomist, Fr. Xavier Bichat, to push the analysis of localization a step farther. Bichat is known to us usually as the founder of the modern science of histology—as the investigator who led us to direct our attention beyond the organs to the elementary tissues of which the organs and the body generally are composed. Owing to destitute circumstances, poor food, and overwork in the dingy, overcrowded dissecting rooms at Paris, Bichat closed his eyes forever when about thirty-one years of age. But before this, following up the ideas of his master and friend, he introduced into pathology, as well as into anatomy, the histological conception. By this I do not mean the use of the microscope, for, strange as it may seem, Bichat never took kindly to this instrument. What he stood for was the fact that certain of the elementary tissues, e. g., that covering the mucous membranes, or that known as muscle, are particularly changed in given diseases, and he maintained that in disease it is common to find that a given tissue changed in one part of the body is also changed in other parts of the body, that is to say, irrespective of the particular organs or parts in which it is situated.

As the next greatest step forward in pathological anatomy and physiology, I would place the application by Rudolph Virchow of the cell doctrine to the study Advanced by Schleiden and of disease. Schwann, and modified by Max Schultze, the cell doctrine cleared up an immense number of difficulties in normal anatomy and histology, permitted the evolution of embryology and the origin of the science It was no small stride of histogenesis. onward when we were taught that the phenomena of life are connected with a protoplasmic substance arranged in a complicated manner in the form of cells; when we learned that some animals consist of single cells and that other animals consist of several cells, or, in the highest groups, of an enormous number of cells; when we were informed that every animal, even man begins as a single cell—the fertilized ovum—which, dividing into two, then into four, eight, sixteen cells, and so on, ultimately gives rise to the total mass which we recognize as the body of an adult; when it was proved to us that corresponding to the physiological division of labor met with among the cells of the body there has been a peculiar differentiation of structure; when the fact was im-

<sup>\*</sup>Virchow R. Morgagni und der anatomische Gedanke. Berl. Klin. Wchuschr., 1894, xxxi, 345-350.

pressed upon us that the total functions of which an animal or a man is capable are nothing more than the combined total capacities of the cells of which he is composed, and when we were assured that pathological processes represent disordered cellular activities, and that the gross alterations visible in organs and tissues are found by means of the microscope to be due to alteration in, diminution of, increase of, or disappearance of the normal cells of the part, to the advent of new cells, or intercellular substances derived from cells not normally belonging to the part, or to the arrival in the part of dead or living substances from the external world.

The changes in inflammation found, if not complete explanation, at any rate, marked illumination, in the studies of Cohnheim; the cellular alterations in atrophy, hypertrophy, and the various degenerations began to be carefully studied. Tumors were subjected to thorough scrutiny; a more rational classification of these pathological new growths became possible; the benign can often be distinguished from the malign by removal of a small piece for microscopic examination during the life of the patient and specific instructions given to the surgeon as regards the breadth and depth to which his knife shall extend.

As the study of cytology is pushed farther, the cell, supposed to be a very simple elementary unit, turns out to be in reality a most complex and intricate organism itself. The delicate mechanisms met with in the nucleus and protoplasm of the cell, the structure and distribution of the centrosomes and archiplasm, the modifications which all these undergo when subjected to environmental influences, show us how far from the truth the earlier conception of the cell must be. Advantage has been taken of the difference in minute appearance and staining reactions, in order to classify cells, especially certain groups of them. A notable practical outcome is the differentiation which has thus been rendered possible among the various kinds of white blood corpsucles. The so-called "differential count of the leucocytes" is now one of the most important items in the diagnosis of a whole series of diseases. By means of such studies the anæmias have been classified and clues of inestimable value for diagnosis and treatment have been obtained.

DuBois Reymond, I think it was, who ventured the statement that a cell is as complicated in internal structure as is an ocean steamship. I fear that the steamship is infinitely simpler. When we recall what some cells can do, when we remember the curious microscopic pictures obtainable within cells under varying circumstances by means of the application of reagents which precipitate substances previously in solution within the cells, and especially when we remind ourselves that a single cell is capable of transferring from the life of one generation the characteristics of the species to the life of a second generation, we begin to gain some conception of the enormous complexity of organization which a cell represents, we marvel at the concentration of potential mechanism in the limited space, and we look wistfully, and as hopefully as we dare, toward the explanations of the difficult problems connected with cells which the future will reveal to us.

Not to be underestimated as influencing the advance in our knowledge of pathology was the impetus given to experiment and study by the work of men like Claude Bernard and Carl Ludwig. vital processes the factors concerned are nearly always multiple. This is no less true of the phenomena of disease than of those manifested by the healthy body. The influence of one or more of the factors dissociated from the others can, it is true, occasionally be met with as a natural phenomenon. More often we must contrive to produce the condition artificially by resorting to an experiment. We are in these latter days becoming too impatient to wait for nature to tell us her secrets of her own free will, but we interrogate her and wrest from her forcibly the knowledge we would have. It is in the laboratories, above all other places, in which the scientist struggles with this taciturn mistress until he compels her to yield to him the object of his desire.

Less far-reaching than the evolution of the cell doctrine, though temporarily probably of equal practical importance, has been the development of the doctrine of the micro-organismal origin of one group of ills to which human flesh is heir, viz., that of the infectious diseases. of the greatest significance in the inauguration of the studies which have led to our present day conception of infectious processes, the work of the illustrious Pasteur is universally admitted. A trained chemist, interested in sugars, tartaric acid and other compounds, he turned his attention to the processes of fermentation, with the wonderful results which will always be associated with his name. Extending his methods to the study of infectious diseases, he demonstrated the bacterial origin of anthrax and of a number of other diseases, pointed out modes of infection and prevention, and, applying principles similar to those of the immortal Jenner for smallpox, prepared vaccines against a large number of the diseases to which man and animals are subject. .

Of the greatest practical importance in this connection are the researches of Robert Koch, begun in the spare time and quarters of a general practitioner in an obscure country town in Germany, but transferred subsequently to a larger and better equipped laboratory in Berlin. The introduction of solid nutrient media and of the plate method of culture made it possible to isolate the individual varieties of bacteria with comparative ease. discovery by Koch of the tubercle-bacillus. and his studies and those of others upon its relation to various morbid processes, to pulmonary tuberculosis, to hip-joint disease, to white swelling of the knee, to caries of the spine, to solitary tubercle of the brain, to some forms of inflammation of the serous membranes, to lupus, etc., etc., show us how enormously clinical and even pathological anatomical ideas can be transformed when it becomes possible to classify diseases according to their etiology rather than according to the symptoms patients present during life, or the lesions demonstrable in the cells, tissues and organs after death. Koch's researches upon the infections due to pyogenic bacteria may also be recalled, since they, with other investigations in the field of bacteriology, permit a scientific explanation of the good results obtainable from the antiseptic and aseptic treatment of wounds.

Further, as a direct outgrowth of the studies in bacteriology and of the ex-

tended application of the experimental method, the means of diagnosis in the infectious diseases have been wonderfully perfected; certain of the diseases, like diphtheria, have been placed strictly within the scope of satisfactory therapeutic control, and preventive measures, most wide-reaching in their beneficence, have been devised and manifoldly applied. The discovery of the malarial parasite, the establishment of different varieties of the same, the working out of the life history of each, and the discovery of the role played by mosquitoes have revolutionized our ideas of the intermittent fevers of paludal origin.

In the study of pathology, too, the results of physics, chemistry and experimental physiology have been drawn upon with the happiest effect. Though insufficiently appreciated at first as a help in the scientific study of disease, these subjects have won their way in the field of pathology, until now they are regarded by many as the branches from which in the immediate future we have most to hope. The study of bacterial poisons, the investigations concerning the so-called internal secretions, the researches made upon absorption and excretion, and the application to biological problems of physical chemistry with the doctrines of Van't Hoff regarding osmotic pressure, and of Arrhenius concerning electrolytic dissociation, all have contributed and are contributing in an important way toward the better understanding of the nature of abnormal processes in the human and animal body, and hold out to us the most alluring prospects for the future in the fields of pathogenesis and therapeutics. The progress being made in physics and chemistry is little less than astounding! A distinguished chemist gave expression in my hearing the other day to the view that it would not surprise him if within thirty years 90 per cent. of the chemicals of ordinary commerce should beprepared with the aid of electro-chemistry. Even to-day in chemical industries the processes of manufacture are notably cheapened, for example, in the case of potassium chloride, by means of the application of electrical methods. The students of the present time preparing for the medicine of the next two decades will do well if they forearm themselves in adequate degree with a knowledge of physics and chemistry, not only because the methods used in these subjects are already so widely applied, but also on account of the fact that those who think that they see things as they are coming to be are almost blinded by the visions of forces and substances which rise up before them, for the interpretation of which only those will be sufficiently clairvoyant who approach the problems fitted with the special training of which I speak. The scoffer may ask in derision: "Of what possible practical value can it be for a student preparing to enter medicine to know about J. J. Thomson's doctrine of electrons, Van der Waal's equation, the echelon spectroscope, or the Zeemann effect in an electro-magnetic field?" They may, it is true, prove to be of no practical value, but such scoffers might have by this time learned modesty, for who could have foreseen the practical medical value of the study of obscure radiations? Yet how quickly the X-rays of Roentgen have been applied to the solution of medical problems. Who could have guessed a practical advantage derivable from the study of photochemistry, and vet we have recently been startled by the studies of Loeb upon heliotropism by the application of photochemical methods to the treatment of certain skin lesions, apparently with pronounced success, by Finsen.

I have said enough I am sure to remind you of some of the main steps of progress in pathology, and to make clear to you that most of these steps have been the result of laboratory work. It is but little wonder then that great clinical institutions desire to have intimately associated with them these special work-rooms, in which the study of disease can be undertaken by laboratory methods.

Turning now to the more special side of the question, and asking ourselves what the particular benefits of pathological laboratories in connection with psychiatric work proper are, we find, I believe, just as forcible reasons in this narrower field as are potent in the domain of disease in general. Of late more and more attention has been paid to the relation of disturbances of a general somatic nature to alterations in the mental characteristics of individuals; in many instances the special pathology of parts of the body other than

the nervous system has been found to possess a distinct bearing upon morbid mental phenomena. But if clinical psychiatry is ever to have a rational basis, such as is being rapidly gained for other departments of internal medicine, it would seem that the path toward the goal striven after must run parallel, or more or less parallel, to the paths which have been followed and are being followed in the other clinical branches. The way-stations include normal anatomy and physiology, pathological anatomy and histology, pathological physiology, physiological and pathological chemistry and physics. That psychiatry is further behind than the other clinical branches in its progress toward rational explanation is deplorable, but not difficultly understandable, for in the nervous system we undoubtedly have to deal with the latest acquisition of the animal series, and in the human nervous system with structures incomparably more complex than in any other part of the organic world. Whereas the cell doctrine of structure was applied to the body as a whole early in the century just coming to an end, and whereas Virchow in the middle of this century developed his doctrine of cellular pathology for the body as a whole, the cellular conception of the structure of the nervous system was not fully applied until very recently. tarded by the double conception of ganglion cell and nerve fiber, the relations between the two being imperfectly understood, it was not until extensive pathological studies had been made by von Gudden, Weigert, Monakow, Forel, and others, not until the embryological and histogenetic investigations of von Kupffer and His had been made and valued, not until the epoch-marking studies of Golgi and Ramón y Cajal had been undertaken, that the cell doctrine in its fulness could be utilized in explaining the nature and organization of the tissues of which the nervous system is made up. So confused did the ideas regarding the relations of nerve cell to nerve fiber remain even after the studies mentioned had been made that it became necessary for Waldeyer, in his much-quoted paper of 1891, to introduce a new term by which he designated the whole nerve cell in the nervous tissues as a neurone, indicating by this term not only the ganglion cell of the books, but

also all processes connected with that ganglion cell, including the axis-cylinder of a nerve fiber with its terminal ramifications, no matter how far these are removed in space from the cell body which gives the process origin. This recognition of the fact that every axis-cylinder process of a nerve fiber is somewhere or another connected with and forms an integral part of a nerve cell body, I regard as one of the greatest advances in neurology made during this century. Since the introduction of the neurone conception, the nervous system of man and animals appears to us in an entirely new light, and the task of relating the unit-mechanisms, or neurones, to one another in the various parts of the brain and spinal cord has been undertaken with ardor by investigators all over the world. The groups of neurones concerned in ordinary reflexes, in instinctive reactions, and in the more complex neural processes which we designate ordinarily as "voluntary acts," are gradually being worked out. Through the combination of the work done in many laboratories and by multiple methods, we are slowly becoming informed with regard to the main features concerning the conduction paths which lead from the peripheral sense organs to the central system, those which lead from the central system to the muscles and secreting glands, and those which associate the activities of various groups of neurones inside the central system.

The experimental physiologists in turn are exerting strenuous efforts toward the attaining of knowledge concerning these various conduction paths and the neuronesystems of which they are composed. By removing great groups of neurone-systems in higher animals, they study the possibilities of neural function of those that remain. By stimulating certain groups of neurones artificially, ideas regarding their especial function, and often, too, ideas with regard to the functions of other groups most intimately associated with them, can be gained. Others study the neural capacities of various animals as the series is ascended, compare these functional possibilities with the neural structure underlying them, and furnish us with invaluable data regarding the maximum capacities of nervous systems in different stages of the evolutionary process. Some of these studies are proving to be extremely suggestive. The main results from the anatomical side have been epitomized by Edinger in his excellent. book on the structure of the nervous system, while the more striking results from the physiological side have been embodied, recently, in a most stimulating volume by my colleague, Professor Loeb,

of the University of Chicago.\*

For a long time both scientists and philosophers have been deeply interested in the relation between neural structure and consciousness-between anatomy and psychology. The views have varied all the way from the optimistic height of those who maintained that the mysteries of consciousness will be solved entirely by anatomical studies, to the pessimistic abyss in which those reside who denied any possible relation between anatomical structure and psychic function, or who, admitting the possibility of a relation, were sure that it lies beyond the limits of recognition by the human intelligence. A great many have found, if not satisfaction, at least crumbs of comfort in the doctrine of psychophysiological parallelism of Wundt; others, with Mach, avoid the question altogether by denying that any contrast exists between bodily and psvchic processes. The monists, following the suggestion of Hæckel, assume that consciousness in greater or less degree pertains to all living matter. They basetheir assumption upon what they consider as evidence of a "scale of consciousness" in the whole animal series. It may be pointed out, however, that great advances are being made along the lines followed by those comparative physiologists who insist that the whole conduct of life of the animals which do not possess a cerebral cortex is explicable upon a purely anatomical and mechanico-chemical basis without the help of hypotheses which assume in them the existence of a psyche. In other words, the animal is studied as a machine, with the object of finding out what capacities it is capable of by virtue of the simple anatomical substructure which it possesses. It is a matter of great surprise to find how much of the behavior of lower animals; which at first sight appears to be the result of free-will action,

<sup>\*</sup>Loeb J., Physiology of the Brain, New York... MacMillan Co., 1900.

can be satisfactorily accounted for as the direct resultant of chemical and physical forces upon an anatomical mechanism. A given stimulus applied under given circumstances produces a definite result with the certainty of a chemical reaction. The phenomena of chemotaxis, as studied by Pfeffer, and of the various tropisms investigated by Loeb, Engelmann others, have opened our eyes wide to the effects of light, heat, electricity, gravity, etc., upon protoplasm! Through Loeb's researches we have been taught how animals, through the application of certain stimuli, and by virtue of these tropismic reactions, can be induced to behave in a manner distinctly non-purposeful, or even be lead to do things utterly incompatible with the continuance of their existence. If food be brought into contact with an animal the mouth is set into motion and an attempt made to swallow the food. If a bee's head be cut off it will still suck up honey, though this cannot reach the body from which the head has been separated. Certain stimuli applied to the head of a planarian cause the animal to creep forward; but in an animal with two heads (artificially produced), Loeb found that the tendency the forward movement of each was so great that the trunk was often torn in two. Many a boy has found out to his sorrow that a wasp can sting if the hind end of the body be stimulated, even after the wasp has been decapitated. The sting, as Edinger emphasizes, is the result of a known stimulus, and cannot be regarded as the result of anger, revenge or any other psychic cause. The experiments of Bethe on the crab, of Loeb upon worms, and of von Uexkull upon various forms are interesting in this connection. It seems very probable, further, that many processes which involve what we call memory, a capacity for education, and complex associations, may go on in animals in which the existence of consciousness has not been proven, and in which many biologists believe it does not Many of the so-called instincts would fall in this group. Even in man, where consciousness does play a most important part, there are processes of a high degree of complexity which are carried on below the threshold of consciousness. I need mention only the circulatory and

respiratory activities, and the movements of the walls of the alimentary canal. Childbirth has occurred in a natural manner in a woman with transverse lesion of the spinal cord. Indeed, it seems likely that all or nearly all of the functions mediated by the spinal cord, medulla and pons of human beings are subconscious in nature. Especially illuminating is the explanation of the behavior of frogs in spring-time which the physiologists have afforded us. It is a matter of common knowledge that in the spring the male frog grasps the female in a tenacious sexual embrace. "No power can separate these lovers; a beautiful example to human beings—they prefer to permit themselves to be cut in pieces rather than let go the loved one." Goltz some time ago proved that at this period the skin of the female (alive or dead), or even that of the dead male when stuffed with the ovaries of females, sets free this "embrace-reflex," as soon as it is brought into contact with the inner side of the frog's foot. The frog can be cut into any number of pieces, but as long as the cervical cord, the fore legs and the connection of the latter with the former remains uninjured, the embrace remains firm and there is no relaxation. He who believes that the consciousness for this act is localized in the cervical cord, must, as Edinger\* says, bring some sort of proof for it. Until then many of us prefer a simpler view.

Unexpected light, too, has been thrown upon the functions of every part of the human brain by the study of its development just before and during the few months after the birth of the child. The researches of Paul Flechsig,† of Leipzig, are by far the most important on the subject. He has certainly proven the existence of primary sense centers in the cerebral cortex, and that these centers are connected with other centers situated lower down in the nervous system; he has brought adequate evidence in favor of theview that the fibers going to the singlecortical areas become medullated successively, and in many instances he has given us information as to the exact period of such medullation. The conception of association centers intercalated in the cor-

<sup>\*</sup>Cf. Edinger L. Hirnanatomic und Psychologic.. Berl. Klin. Wchuschr., 1900. †Flechsig P. Pehern und Seele, II Auf., Leipzig, 1897..

tex between the primary sense centers referred to, undoubtedly represents a great advance in our knowledge of that part of the nervous system with which we have good reason to believe the processes involved in consciousness are more particularly connected. Flechsig has carried his theories and speculations, however, far in advance of the position which his new discoveries in anatomy justify. We must, therefore, accept his actual findings with gratitude, but at the same time be careful to sift out his theories from the facts.

It is certainly fair to state that in Europe the greatest advances in the anatomy and pathology of the nervous system have been made in laboratories which are connected more or less intimately with institutions in which psychiatric and neurological cases are studied clinically. In many instances the clinician has also been the laboratory worker, but there has been an ever-increasing tendency toward differentiation, and the best results would appear to be obtainable where welltrained clinicians with some pathological experience work in co-operation with skilled pathologists, especially when the pathologists before giving their time exclusively to the laboratory have had a good clinical training. In Germany, psychiatric institutes entirely devoted to psychiatric teaching and investigation have been established in connection with many of the universities, it being believed that in most asylums the atmosphere and spirit prevailing are paralyzing to scientific workers.\* I emphasize the desirability of the clinician being trained in pathology and of the pathologist being trained in clinical work before the limitation of studies on the one side or the other side is begun, for I believe that more intimate relations between the clinical students in the wards and the investigations in the laboratories will exist if the sympathies of the men in each department are wide, so that there may be multiple points of contact between them. Nothing is truer than that the clinicians who verify their bedside knowledge by extensive laboratory study do the most thorough, the most conscientious and the most fruitful clinical

The association of a laboratory work. manned by investigators skilled in particular methods in connection with hospitals in which clinical work is done, especially if the fatal cases come to autopsy and are thoroughly worked up in the laboratory, has been found to react most favorably upon the character of the work in the wards. If our mistakes in diagnosis are not buried with the patient, but are vividly brought before us with the aid of the knife and the microscope of the conscientious pathologist, we soon learn to make fewer mistakes, and we are constantly stimulated to leave no power neglected or no means untried which can throw light upon the nature of the process with which we are dealing during the life of the patient.

The pathology of nervous diseases, with the exception of the mental forms, has made rapid and encouraging progress. We have as yet, it must be admitted, no pathology of mental diseases worthy of the name, nor can we expect any very satisfactory psychiatric pathology until our knowledge of cerebral anatomy and physiology has been much extended. Yet a beginning has been made, and we have every reason to believe that continued conscientious work will lead to important results. The investigations which have been carried on in Vienna, in Breslau, in Leipzig and Heidelberg, in Paris, in Stockholm, in Naples and in London, show us that rich rewards await the diligent and intelligent laborer in this domain. The facilities offered at the new Psychiatric Institute at Giessen give us an inkling as to the importance the Germans attribute to psychiatric pathology. A noble effort is being made in this country to combine laboratory work with clinical psychiatry. The laboratories at Worcester, at Waverley, at Danvers, at New York, at Baltimore, and at Gallipolis will be at once called to mind. It is a pity, however, that the encouragement to such work in America is as yet not great. Our insane asylums are in many ways admirably organized, but that organization is strongest on the economic and social side; it is weakest on the scientific side. I believe that much could be done if, at a few of the stronger universities, psychiatric clinics like those of Breslau and Giessen could be established with professors who give all their

<sup>\*</sup>The reader is referred to the admirable paper, by Kraepelin on "The Duty of the State in the Care of the Insane," translated into English by Dr. Stewart Paton and published in the American Journal of Insanity, 1900, Vol. LVII, pp. 235-280.

time to teaching and investigation; such institutions would have a beneficent effect in that they would offer opportunity for special training in psychiatry; from them the State hospitals could draw men who are strongly interested in the subject and who had obtained practical skill, rather than be content with assistants, as is too often the case now, who go into psychiatry as a mere side issue, something any medical man can easily "take up."

There are in America relatively few skilled clinical psychiatrists, in the higher sense of the word; there are fewer men who have prepared themselves adequately for laboratory investigations in connection with such skilled clinical psychiatric The pathologist can do but little work. if his cadavers come to him without an adequate clinical history, and without a special record of abnormal psychic phenomena. Again, the clinician who works out with great care and detail exact deviations from the normal of his patient at different stages of the progress of a mental malady has too often, if the disease terminates fatally, to put up either with no opportunity to make a post-mortem examination at all, or, if one is made, with a superficial and totally inadequate pathological report. One of the first necessities in the psychiatric institutions of America is to improve the clinical methods in vogue. It is the duty of the State to provide not only sufficient assistants to make daily visits to patients, and to plan amusements for those capable of taking part in them, but also to appoint at least a certain number of trained clinical investigators who are ble not only of applying the most recent clinical knowledge available to the study of the cases before them, but also to devise new methods and to make actual contributions to the advance of clinical psychiatric knowledge. These scientific investigators, in order that their work may be effective, must be associated with skilled laboratory research workers, who will do for the pathological side what the man of special skill contributes toward the clinical side. In this country, and especially west of the Alleghanies, a spirit dominates, and we all recognize it with gladness, which makes rapidly for progress. Ideas which are true quickly win their way, for our people are

determined to be satisfied with nothing short of the best. It is an encouraging sign to find here in Indianapolis so well equipped a laboratory in connection with a hospital for the insane—a laboratory in which a pathologist, Dr. White, is to give his whole time to teaching and investigation. I have gone over this laboratory today, and through the kindness of Dr. Edenharter have been permitted to examine it in detail. It is admirably constructed, and presents many features that are novel. This institution and this community are to be congratulated on the possession of it, and on the fact that it is determined to facilitate every effort in this place toward a more thorough study of psychiatric problems. That this laboratory may be a center to which earnest workers may gravitate, and one whence reports of important research may emanate, is a wish in which everyone here present will, I feel sure, heartily join with me.

### WHAT 18 "CONSTITUTION" AS APPLIED TO MEDICAL PRACTICE?

BY GUIDO BELL, M. D., OF INDIANAPOLIS.

When at the sick-bed the question arises whether our patient will recover or not. We make reference in our answer to his constitution which may "pull him through." We have a particular element in mind when we give this answer. We are in a similar situation about longevity when we make an examination for life insurance and consider the constitution. It is the same as if we test an engine to ascertain the horse power it may exhibit.

But if we look through our text-books of physiology for a definition of constitution we find only a description of the bony frame, of the muscles, nerves, blood, and so on. We get an anatomical description, but no adequate definition of physiological capability or life-power, or we may confuse constitution with temperament. Thus Dr. Laycock speaks of a nervous sanguine, bilious and also melancholic temperament.

Dr. Graham Brown makes it even worse by classifying men with regard to temperament, constitution and diathesis. According to him, "a sanguine constitution is manifested by a well-developed body, large head, massive and good teeth, ruddy complexion, thick hair, good digestion and nutrition, and high blood pressure. The man is prone to corpulence and premature signs of old age. Such persons are liable to arthritic affections of all kinds and to diseases of the heart and blood vessels, angina, fatty heart, aneurism, atheroma and apoplexy." Graham Brown enumerates then the signs of the nervous constitution in a similar way. Then follow the bilious, lymphatic, strumous, gouty and rheumatic constitutions.

You will readily notice the inconsistency of this classification turning from individual peculiarity to morbid changes. A "strumous," "gouty" or "rheumatic" condition is pathologic and a deviation from a certain normal constitution.

A recent classification of constitutions in regard to the predominance of an alkaline or acid reaction of the juices and secretions is of no practical value at all in

diagnosis or therapy.

The Century Dictionary defines constitution in general as the assemblage and union of essential elements and characteristic parts of a body. Force is not distinctly set forth if applied to man. It is the same as if we describe feathers, feet and bill of a sparrow, and imagine we study ornithology. We are dwelling on the anatomy of birds and not on their life.

As we stated at the beginning, we mean a force that will "pull the patient through." Neither an anatomical nor a chemical description will answer the purpose. In reality, we have no satisfactory definition of constitution because the idea of force has thus far been left out.

We had a similar experience in the history of science in regard to the conception of work. Until horses were replaced by steam engines, the general understanding of work was that of equality to force. But when Watt and Boulton introduced their steam engines it was of interest to know how much work they could do compared with horse power. It was thought that the average horse makes about two and one-half miles in one hour and lifts at the same time 150 pounds over a roller. By calculation, the formula of a horsepower was found to be equal to a force that lifts 33,000 pounds one foot in a minute. It makes no difference whether a horse does that, or an engine, or whether

an engine does five, ten or one hundred times the amount of work.

We learned that work includes not only force expended in direct accomplishment, but that expended in overcoming all obstacles. The concept of work is modern, and was unknown to the Middle Ages.

But life is also work, and comprehends force directly spent and forces overcoming obstacles. The great question is placed before us: What is the force we observe in

the work of life?

Every living body is its own builder and engineer; consequently the force must be within and inherent to the body unlike the driving force of an engine. The true concept of this force is a philosophical problem, whose solution requires a whole series of arguments. We take our arguments from experience, but with sharp

critics of our perceptions.

When we investigate the phenomena we observe on the living body, as discrimination is necessary between those within cells and those which are the result of the influence organs and organisms have on the surroundings. There are many manifestations of force which must not be called vital processes. We cannot observe intracellular processes directly, but only the power of their results, which changes the world without and also causes an impression on our senses. Closely investigating the mechanism of the human body, we become convinced that both substance and irritation participate in vital processes not sooner than when entering All phenomena in lymph vessels and blood vessels or sense apparatus must be rigidly declared extracellular.

There are forces active in digestion, circulation, respiration, in sense-impression and motion; they are physical forces. But there is a great difference between intracellular processes and physical events.

The duck on the water and the pike in the water feed on the same substances, under the same sunshine, in the same surroundings, but we observe that the same substances entering different organisms assume quite different forms, and this permanently through generations. We notice the same in oak and pine tree growing on the same soil. Though we feed a dog on beef or at other times on fish or on potatoes we cannot change the dog-kind.

There must be something within something permanent, transmitted from parent to offspring, something constant in the development of the organism, something indivisible or individual in every organism. No organism can be divided, so that two living bodies will be the result. Excep-

tions are only apparent.

Now, the question arises: Are there vital forces causing the great difference of the phenomena within and without the cells? Or are they physical forces under the influence of a certain animistic element? Since the discovery of the law of conservation of energy the idea of vital forces or of vitality in the old sense has to be given up. Not since Wæhler; if we make urea out of its elements we can conclude that life makes use of physical forces, but not more. But if we study the actions in the living body under the light of this law we take a decided step forward.

It is a principle of the law of the indestructibility of force that a transformation of energy into another certain form can take place only once, and that all substances partaking in the phenomenon become unfit for the same purpose. There is a loss of substance. The fuel under the kettle has to be renewed. We find the same principle in the living organism. Where there is a transformation of chemical change, as in nervous or muscular tissues into electroid or mechanical force, there is a loss of substance.

There is another principle that energy of higher intensity sets free energy of lesser intensity, and that energy has always a descending tendency in its disengagements. As for instance, the great heat of the spark causes a chemical decomposition of the gunpowder. We find this principle also in the living body. The great chemical affinity of the gastric juices attacks the ingesta, but not the gastric glands, because these glands maintain a still higher affinity through life. fact that the stomach does not digest itself is easily explained by the general law of the descending disengagement.

There is still another principle that energy must be adequate to the energy to be disengaged. Great heat is an adequate force to gunpowder, light is not. Light is adequate to certain silver salts. Our photographers make use of it. This prin-

ciple is also observed in the household of all organisms. We find the apparatus of digestion and sense-impression busily engaged in selecting or preparing substances or free energy for the reception into the organism.

Thus we see that the laws of the forces within and without the cells are the same, and we say, consequently, the forces them-

selves are identical.

We come now to the conclusion that the forces within and without the cells and organs are the same, but that those within the cells are under the influence of an animistic element. The existence of this animistic element is proved by the following facts:

1. All organisms have in common a certain substance; that is albuminous

matter.

2. All organisms are built up by cells.

3. All organisms are individual.

4. All organisms have the same mode of growth.

5. All organisms have the same mode of propagation.

The essential substance in all organisms, vegetable or animal, has four regular constituents, viz., carbon, hydrogen, oxygen and nitrogen. There are also a dozen elements more or less regularly present; but the four mentioned form the stock of the albumins or proteids. Carbohydrates may be added as the restorers of albumins and fats as the products of them. These are what we call the living substance. They are found in the living and dead organism, but most of them appear in a different form during life. We know that the chemical reaction changes from alkaline to acid in death and that some substances coagulate in death, causing, for instance, the "rigor mortis." Some others have the peculiarity to remain unchanged for a length of time if separated from contact of life. The same albumins in the living are very loosely constituted, and instantaneously ready to change. must be very complicated combinations.

But not only in regard to chemical change we must concede a difference of the substance in life and death, but also in regard to warmth in many animals, and even in plants; some keep a standard of warmth independent

of the surroundings.

Light is not disengaged in living organisms, at least there is no combustion causing light. In glow worms and phosphorescent microbes light is not produced from warmth, nor is it accompanied by excessive heat, as in the physical phenomenon.

Nerve irritation is said to be of an electric nature, but it is decidedly not an electric cur-

rent.

But coming back to chemical change as the

predominant form of energy in life, we observe entering substances assume a conformity with the substance within; then with every irritation there is a reduction, that is, a splitting off of some groups of atoms and a replacing of

We combine all conforming processes in the term assimilation, and all reductions by dis-similation. They balance each other during life, but with an ascending tendency in growth and descending in atrophy and wasting. is a long series of conforming and reducing actions, with an ascending followed by a descending tendency. These procedures can be accelerated or retarded within certain degrees, but any other alteration or any defect in the series are of grave consequences, as we see in cases of poisoning or of atrophy of the pancreas or thyroid gland.

It is evident conformity of living substance cannot be the property of matter and energy, but the quality of another element.

2. All life pulsates in cells; muscular cells of the heart furnish the power of circulation, glandular cells secrete, cerebral cells are the place of perception, and so are the cells of leaves and cambium the little workshops of vegetable life. The cell is a unit in its function, but consists of a nucleus and protoplasm. Both are of a different chemical formation, and the nucleus, at least, has a distinct anatomical structure. There is a chemical antagonism established, and as both nucleus and protoplasm are of a different concentration, osmosis plays a great role in chemical interchange. Osmosis is the cause of membrane formation, which in return enhances chemical change.

Substance passing in the cell conforms with the substance therein; then a normal irritation causes a splitting off of a certain atom group in exchange of a molecule of water. This reaction is strictly regulated in accord with the nature of the cell; it may be mechanic force in the contraction of muscular fiber, or chemical in secreting cells, or electroid in nerve

cells.

But the reduced substance taking in a molecule of water from the surroundings becomes also a factor in the formation of membranes, in the disposition of saccharines and fats, and in the excretion of waste matter. The reaction of the cells is, therefore, both formative, productive and excretive. Cells regulate and sustain themselves.

Mass passes in and out, but organization re-This organization cannot pertain to matter or energy, but to an element that is This fact becomes so much more constant. evident when we follow up the variation of cells, although from a common origin no class of cells can be transformed into another kind.

3. All herbs and animals are individual, that means, they cannot be divided without

risking their lives.

But we have to conceive the term not from the external form and appearance, but from the internal organization. Thus low forms of life as "stentor" may be cut in twain, and, provided both halves contain parts of the nucleus and parts of the protoplasm, two individuals will live and sustain themselves. The organization is not disturbed. A "siphonophore" can drop off a part of its concern to live an independent life, but the whole animal is rather a partition into organs than a unit of organs.

The organisms are either single-celled or they are an accumulation of equal cells forming a colony. Other organized bodies appear in the form of layers, still others repeat layers in form of organs. A repetition of organs to a higher unit is termed an animal person

or plant person.

Thus we see every living body becomes an individual by its organization. But the principle organization is pre-existing and constant from beginning to end, and cannot, con-

sequently, be found in matter or energy.

4. All organisms have the same mode of

growth; "omnis cellula cellula."

To have a full understanding of evolution we must bear in mind that there is as well a psychical as a bodily unfolding which run

parallel and condition each other.

We observe in our feeling, thinking and acting, in our concept of the good and of the beautiful that there is the same subjective cause within, the "apriori idea" of Kant, and an objective irritation from without, as in any physical or physiological phenomenon. fact demonstrates the correlation of mind and bod v.

Indeed, the human soul is the unfolded ani-

mistic element, but not more.
Under the laws of individuality, interdependence and subordination, multiplication of cells assumes the character of a systemic vari-

ation, both in structure and function.

A germ cell, like any other cell, possesses a differentiated structure. After fecundation, a vivid accumulation of substance takes place. The contents have increased threefold, but the periphery only twofold, therefore the chance of irritation from without has relatively decreased for some parts. The nucleus, as the main sufferer, initiates a cell division. Thereby the disproportion within the mother cell is compensated partially in daughter cells. But as a result of a differentiated structure already existing in the mother cell, its parts react differently and cell division becomes unequal, not so much in size of the parts as in their chemical character. Thus we understand how differentiation of an organism and division of work begins in the germ cell, only to become more evident in progress.

As magnitude of an angle does not depend upon the length of the lines which form it, but merely upon their relative position, so the great variety of cells in the developed body is not the result of growth, but of the peculiar-

ity of the mother cell.

Evolution is unfolding something occult that steadily controls growth and construction.

The growing and shaping has been, compared with a reversed emboxing. "Bonnet," no doubt, had the shaping element in view without substance. It describes fairly well the course of development. But neither the idea of preformed organs nor the emboitement, even in its animistic conception, hold good.

Evolution is rather a steadily controlled

growth setting its own limits in every direction.

All living organisms have the same mode of propagation, "omne vivum ex ovo." The relation between parent and offspring is

The relation between parent and offspring is maintained from simple cell division and spore formation up to sexuality, both in the vege-

table and animal kingdom.

There is a duality in every germ cell, namely, an individual growth and a conservation of species. Life is inherited, all qualities of species are transmitted and of the individual qualities those that have brought on an en-

during change of functions.

It is said that Darwinism denies a vitalistic conception of life. Value and merits of this famous theory shall not be disputed in the least. But if we grant that natural selection is an important factor of variation and of formation of new species, we must concede to the surroundings a much greater power, because an enhanced fitness is the natural result of more favorable conditions preceding. But a third point has to be considered, viz., that both influences be lasting.

After all, does not the doctrine of formation of new species acknowledge that there is something permanent in procreation that constantly tries to repeat the same forms and functions, but fails under certain circumstances? Indeed, we ought to be surprised that there is not more change of life forms than we

observe.

This ends the somewhat lengthy argumentation of the vitalistic conception of life.

Our conclusion is: Peculiarity of substance, formation of units, organization of these units, evolution and transmission are the essential properties of all living bodies. Each and all of them prove convincingly the existence of an animistic element which is indivisible in the organization, constant in evolution and permanent in inheritance.

You will ask me now: What is this animistic element?

In answering this question I have to go back to the general concepts of things. We say all visible bodies consist of matter and energy. But when we try to describe or to define matter or energy we make use of the one to explain the other. Thus the Century Dictionary says: "Matter is substance that irritates our senses." But energy irritates not substance. Or if we say energy is motion we must concede that we cannot conceive motion without assuming something that is moved. Therefore we assert neither matter nor energy can be described or defined, neither matter nor energy are real things, but elements forming things.

I declare now the animistic element is of the rank with matter and energy. It cannot be described or defined. But it is, notwithstanding, noticeable in its union with matter and energy. We readily recognize the dog-kind in a strange animal.

I furthermore say the animistic element is unmathematical; it never appears as a half or double, but always as a whole. This element has also no causative relation. We cannot say: The seed is the cause of the tree, or the egg is the cause of the bird, or the father is the cause of the son. For these two qualities the animistic element is essentially different from force or energy.

Another question will be: What use can we make of something that cannot be de-

scribed and defined?

We speak of a mathematical point, a mathematical line, a mathematical pendulum, but we cannot describe a mathematical point, line or pendulum. Nevertheless our mathematicians start from such points, lines and pendulums, and their calculations are correct. Thus we also start from indefinable matter, energy and animistic element, and our calculations will also be correct. Limits can be drawn toward something, not toward nothing.

We come to the last question: How does the animistic element influence physical

forces within living cells?

Our biological researches are restricted to the preliminary and final acts of life. but they do not reach life itself. We have only an inferential knowledge of the intracellular processes. As soon as we single out a phenomenon from vital functions life ceases to be. Cellular substance in our hands is dead. We know of this substance that it consists of very large molecules. One or two atoms of iron or sulphur are attached to thousands of atoms of carbon, hydrogen, oxygen and nitrogen. But by conclusions from phenomena amenable to our examinations it is ascertained that the molecules in the living cells are still larger. There is a constant splitting off and new formation, and all change is controlled and led in one certain direction, in the direction given by the design of species.

Life is a cycle evolving and rounding up in itself and by itself; the individual life is a wave in the current of species. There is a control of forces both in quantity and quality. Controlled energy is the force we have to consider in our formula of work of life. Thus we come back to

the point we started from.

Work includes force expended as well in direct accomplishment as by overcoming all obstacles. The direct accomplishment of a living organism is controlled and led in growth and procreation, which we collectively call co-operative work, and in nutrition and separation? which is reciprocal. When we said a living body is its own builder and engineer we referred to its co-operative and reciprocal work. From this twofold work of the organism we judge its capability of overcoming obstacles as they are presented by food warmth, as well as by obnoxious surroundings in general.

The capability and strength depends, as we have proved, not so much on the quantity of substance at disposition, than on the control over it. Much substance may enter the cell and conform with the chemical quality therein. But all surplus will be either stored up or eliminated at once. Only a certain amount participates in the processes of life. All forces within cells are controlled as long as there is life. In death this control ceases.

The inherited or transmitted peculiarity of co-operative and reciprocal work is what we call species in the biological sense. But there are individual vacillations not so much in general, but in the growth, proliferation, nutrition and separation of groups of organs which constitute organisms of various fitness for the battle of life.

The individual peculiarity of co-operative and reciprocal work of life is termed constitution.

Constitution is a term of practical sciences, as of medicine or gymnastics; but with our new conception it has a footing in abstract science.

This address may be construed as a walk through the realm of biological science. It opens new views and is, in reality, a conception essentially different from that prevailing. And as such a walk becomes more interesting by the pursuit of an aim, I proposed a definition of constitution that would compare with our concept of medicine and ally it rationally to biological science.

## TRACHEOTOMY FOR A FOREIGN BODY IN THE LARYNX.

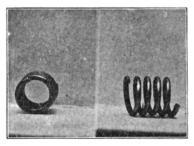
BY DR. J. C. SEXTON, BUSHVILLE, IND.

Foreign bodies in the air passages always present interesting features, and their removal is attended with so many risks that death after operative procedure is a very frequent occurrence.

The case I present to you to-day is of peculiar interest, because of the character of the foreign body, the questions involved in the choice of method of removal, as well as the often-advised meas-

ure of leaving the case to nature.

The foreign body here shown is a spiral spring that is to be found in the ordinary hand bicycle pump. It is one-half inch in length, five-sixteenths of an inch in diameter, has a caliber of one-fourth inch in the clear, and is made of No. 5 piano spring steel wire.



The boy who met this accident is eight years old. While playing about with the spring in his mouth he drew it into the larynx, where it settled, snugly fitting in between the vocal cords.

There was no severe pain, nor the least obstruction to respiration. Aphonia was instant and absolute. The epiglottis could not close perfectly, and efforts at swallowing were always attended of violent coughing and paroxysms threatened suffocation. Spasm of the throat would instantly be excited and last from ten to fifteen seconds, during which time the suffering would be intense. Dr. Bowen, of Occident, located the foreign body with the laryngoscopic mirror, and brought the patient to my office. I could readily view the object resting deeply in the larynx. Dr. Hackleman, whom we

<sup>\*</sup>Reported to Rush County Medical Society, December 8, 1900.

called to our aid, at once confirmed the diagnosis and sought to remove the spring with the McKenzie & Cusco forceps and blunt silver hook. His efforts were unavailing, for he could not insinuate a blade of the forcep between the spring and the laryngeal wall, and it seemed impossible to carry the hook below or catch it in a coil of the spring.

It was growing dark and our patient quite exhausted, so we decided, in the absence of danger of suffocation, to wait un-

til the following morning.

The next day Dr. Parsons and Dr. Wooden also examined the larynx, and all of us were perfectly sure of the position

and nature of the foreign body.

Intra-laryngeal work was utterly fruitless, on account of pain and strangulation. It was impossible for the little fellow to control himself, and nothing availed to make him hold still and keep in the light. There was very considerable increase of swelling of the tissues over the day before.

We regarded the indication for removal absolute on account of danger of cedema of the larynx, of inflammation and ulceration of the vocal bands, of aspiration pneumonia and of exhaustion

from difficult deglutition.

Under chloroform, it was easy enough to carry instruments into the larynx, but the quick manipulation required when the forceps once passed the epiglottis, in order to avoid asphyxia, rendered such efforts unavailing, although we could feel our in-

struments touch the spring.

I then opened the trachea by dividing the first and second rings, and passed a Wilde nasal forceps into the larynx from below. It was easy to grasp the spring, but it could not be drawn down into the incision by any effort I was willing to make, and under very little traction the forceps would slip. By means of an ordinary Pean hæmostat I succeeded in pushing it up into the pharynx, where I could feel it with my finger in his mouth. Attempting to grasp it with forceps caused an effort at swallowing, which carried it into the œsophagus.

The patient was then allowed to rest. The anæsthetic was withdrawn while we cleaned him up and adjusted the tube, for we deemed the tube necessary on account of the expected swelling and possible paralysis of the larynx.

Reviving somewhat, he began to have chloroform sickness and vomited a little

bloody mucus.

Dr. Parsons examined the throat immediately after the vomiting ceased and located the spring just below the left tonsil, from whence he deftly extracted it with forceps.

We found it safe to remove the tube at the end of six hours; probably it was not

needed at all.

There was nothing of further interest, the patient making an uninterrupted recovery. The voice returned on the eighth

day.

The case is probably unique, as to the character of the foreign body. It is very doubtful if another case is recorded in which a tube of this caliber ever found its way into the larynx. It formed a perfect laryngeal tube and opened a clear breathway.

It is of some physiological interest why the epiglottis would not close perfectly, for the uppermost portion of the spring in no way could touch it, but every effort at swallowing would be followed by a paroxysm of dyspnæa and violent coughing, wild clutching at the throat and throwing the hands in the air, caused by some of the liquid trickling into the larynx. It was only possible to give very small spoonfuls of water or milk, with the patient on his back and his head low.

Of course, the surgical maxim that all foreign bodies in the air passages must be removed at once, does not apply quite so vigorously in a case of this kind in which no obstruction to respiration presented, but we regarded the indication imperative, for the reasons presented above.

As to the method of removal, we know our procedure is open to your criticism. It might be urged that more skillful intralaryngeal work would have sufficed—perhaps true, but we used the best skill available, and that in the hands of a man who is doing such work every day, but Dr. Hackleman can testify to the difficulties encountered which were impossible to overcome.

We chose tracheotomy instead of laryngotomy or thyrotomy, as we thought it would be easier, less dangerous, and because in a child tracheotomy is in accordance with the teaching of the art.

No one surgeon ever has a large experience in this class of cases, said the elder Gross. Not more often than once in ten years has an operative case occurred in our county. My father operated in 1846 and 1863, removing a grain of corn each time, and again in 1867, removing a cockle-burr, all the patients recovering. One unsuccessful case since then is all that have come to operation among us until this one. Five cases in fifty-four years, so that with us, at least, the accident is sufficiently rare to be of interest.

I saw one case in 1884 in which a watermelon seed had gotten into the trachea, but in accordance with the teaching of Wiest's Compilation, which gives recoveries without operation higher by 16.87 per cent. than after operation for this particular foreign body, we left our little patient alone and he coughed it out a few hours later. All the operations that have ever been done in our county for inflammatory affections, diphtheritic and other have been followed by death.

There have been six or eight attempts at the eleventh hour to save patients from diphtheritic strangulation, but they only served to illustrate Lusk's axiom "that the resources of surgery are seldom successful when practiced on the dying."

#### HYPEBPYREXIA—REPORT OF A CASE IN WHICH THE TEMPERATURE REACHED 118° F.\*

BY DR. J. C. ALEXANDER, OF INDIANAPOLIS.

The patient, Mrs. L., whose case I wish to bring to your attention, is fifty-four years of age, possessing an appearance of being well nourished, is educated and intelligent, and has been before the public as a lecturer and teacher. I was first called to see this patient in August of 1896. The history of the case previous to this time was, according to the patient, as follows:

First attack of trouble in 1892, and was diagnosed by the attending physician as appendicitis; has had many recurrent attacks since. The evacuation of the bowels very irregular, sometimes not evacuating for seven weeks. The patient at this

time was suffering from intense abdominal pain. Upon examination, I found a discoloration circumscribed extending from the epigastrium downward, including the umbilicus and that part of the abdominal cavity containing the lower part of the right lobe of the liver, duodenum and ascending colon. Great distention of the entire abdominal cavity, pulse fairly strong at 100; temperature 112 degrees Fahrenheit, taken in one and onehalf minutes in axilla. Not being satisfied with first registration, I placed the thermometer the second time, with the same results. The condition was alarming, but the patient assured me that such manifestations of temperature were frequent, and showed me a letter from Dr. William Cato, of Bloomington, Ill., verifying the same.

I was called the next day, and found the conditions very different, from the fact that the patient had undergone a siege of stercoraceous vomiting, relieving the great distention and moderating the pain. The patient was cold and clammy, cyanotic, with a weak and irregular pulse.

I have attended the patient, averaging perhaps one call per day, since August, 1896, and will endeavor to give as closely as possible the changes in the conditions to the present time. I have taken the temperature many times in this case, finding a registry from 100 to 113 2-5 after the thermometer had remained in the axilla one and one-half to two minutes. The patient has maintained this temperature for several hours.

Sometimes during great distention of the abdomen there would occur a slight hemorrhage at the umbilicus. The patient had frequent attacks of neuralgia, and in 1897 one attack of sciatica.

The evacuations contained, besides fecal matter, pus, streaked with blood, and sometimes exfoliations of mucous membrane. These evacuations have become less frequent, so that, according to the patient's own statement, there has been no evacuation containing fecal matter in the last two years.

The intensity of the pain depended largely upon the degree of distention, and in some of the attacks the suffering was so great and the temperature so high that the patient would be found in a state of delirium.

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<sup>\*</sup>Read before the Marion County Medical Society, December 8, 1900.

The remedial agents used in this case were, in the most part, palliative. Morphine and atropine, three or four times daily, according to the intensity of the pain, the patient taking from one-half to three-fourths grains hypodermatically at each injection. In addition to the palliative remedies given, I added strychnine, 1-60 gr., and digitaline, 1-100 gr., gradually decreasing the morphine, atropine and digitaline, and increasing the strychnine to 1-20 gr. The patient is now taking, in the morning, ½ gr. morphine, 1-300 gr. atropine, 1-40 gr. strychnine and 1-200 gr. digitaline. In the evening the morphine is increased to ½ gr.

The results obtained from this combination have been very gratifying, from the fact that the cyanotic condition that previously manifested itself nearly every

day now seldom occurs.

The attacks of great distention, high temperature and severe pain are less frequent. The patient takes three meals per day, but as surely vomits a few hours after eating. She has stercoraceous vomiting about every four or five weeks, the tension being greatly relieved.

I will not in this report give, in my opinion, the cause in this case, but wish a discussion by the members of the society; in so doing, a probable diagnosis may be

made.

#### MISCELLANY.

#### Medical Inspectors for Schools.

Denver is seriously considering the advisability of appointing medical inspectors for its public schools, following the example of Chicago, where fifty inspectors are employed for eight months in the year at a salary of \$50 a month each. The last official report showed that among 2,521 ailing children examined in Chicago, 184 cases of contagious diseases were found. In twenty-five school days 9,770 children were found ailing, 694 from scarlet fever, diphtheria, etc., in an incipient or welldeveloped form. In New York there is daily inspection of the schools, each inspector covering two schools for \$30 a month, ten months in the year. In Philadelphia 300 physicians are selected without pay, and there is daily examination. The system has just been rejected by the Board of School Directors of New Orleans.

The above is from the New York Medical Journal of December 15th. There is no doubt as to the necessity and beneficence of medical inspection of all schools every day of the school year. It will not be popular with school teachers until they are better educated in science, and, one might well say, in the humanities. Chicago has had opposition. Diphtheria increases with the opening of the schools. Children with this disease were found attending the Danville (Ind.) schools this fall.

#### The Parasitic Origin of Cancer.

Dr. Antonio Carini, in a Histological and Experimental Contribution to the Etiology of Tumors (Il Policlinico, April 15th; Treatment, August,) remarks that no pathological problem has given rise to more discussion and to more experimental inquiries than has the origin of tumors. The theory that has received the greatest support is that tumors are due to the action of micro-organisms. And, in some ways, malignant tumors appear to resemble infectious maladies, themselves the result of bacterial action. For instance, the tendency of cancer to cling, as it were, to certain houses, or even rooms of houses; the fact that cancer may be communicated from one part to another when these are adjacent, as from one lip to another; the possibility of inoculation of tumors being carried out. But the latter facts are just as easily explained on the assumption that the actual cells of the growth are introduced into the sound structure. First of all, it was considered that the parasites in question were schizomycetes, next they were described as sporozoa, and now we are told that blastomycetes are the real offenders. The author gives a full account of the observations on which these various theories were founded, and calls special attention to the discovery by Russell in 1890 of certain peculiar bodies in cancerous growths, which, from their power of staining deeply with fuchsine, were described as "fuchsinophiles," and which were classed as blastomycetes. The author has set himself the task of ascertaining if it is possible to obtain blastomycetes from malignant tumors removed from the living subject, and, having obtained the same, to make cultivations thereof; next, if such isolated blastomycetes can, by being introduced into living animals, produce malignant growths; to stain the same organisms in the affected tissue; and, lastly, to ascertain if these organisms occur elsewhere than in malignant tumors. Now, he thinks that the result obtained practically settles the question as regards the potency of these mimalignant cro-organisms in causing growths, for even when the presence of the blastomycetes of Russell had been detected by histological methods, yet it was not possible to isolate these bodies. With pure cultures of blastomycetes in animals, in no case were neoplastic growths produced. The very nature, whether blastomycetes or not, of the bodies described by Russell is doubtful. Further, such bodies occur, and not rarely, in other structures. They were found in tuberculous lesions, and even in healthy tissues. Lastly, the bodies described as sporozoa do not absorb the colors which are characteristic of The conclusion drawn by blastomycetes. the author of this paper is that all the effusions which have been produced concerning the parasitic origin of cancer, etc., are absolutely groundless and altogether erroneous.

#### An Epidemic of Peripheral Neuritis Amongst Beer Drinkers in Manchester and District from Arsenic in the Beer.

The author, Dr. E. S. Reynolds, describes the epidemic of peripheral present prevalent among neuritis at drinkers of Manchester. Cases were variously diagnosticated as alcoholic neuritis or erythromelalgia, but the increase in their number was soon noted by the various dispensary physicians; peculiar skin eruptions were observed in many cases. Women were more frequently affected than men, and all the patients were beer or porter drinkers. In some, not more than four glasses a day were consumed; in others much more. The beer used came from five different brewer-The symptoms complained of were, tingling and burning sensations in the fingers and toes, loss of power in the arms and legs, and rashes on the body, with much itching. The faces of the patients were puffy, the eyes suffused and watery, and the skin of the face pigmented. The advanced cases had a typical "droppedfoot" from parlysis of the anterior tibial muscles. Pigmentation of the skin was constant, and might be very marked. Many of the cases were just like Addison's disease in appearance. The erythematous eruptions were varied in character. Many patients presented signs of erythromelalgia or the "red neuralgia" of Weir Mitchell. There were pain, redness and swelling affecting the soles of the feet and the palms of the hands. Mental confusion was less marked than in alcoholic paralysis. The nature of the muscular paralysis differed but slightly from that seen in alcoholic neuritis, the sensory and vasomotor symptoms being more marked. There was usually great muscular tenderness on deep pressure; this was almost diagnostic. The temperature might be elevated for several days; in the fatal cases, it remained high (103 degrees Fahrenheit) until death.

Such an epidemic has not occurred in Manchester during the last twenty-two years to the author's personal knowledge. The three causes of peripheral neuritis associated with muscular tenderness are alcohol, beri-beri and arsenic. But alcohol and beri-beri will not explain the skin lesions, which in their multiform character can be explained by no known drug except arsenic. In an addendum the author states that he has found considerable arsenic in certain beer used in Manchester, as, also, has Professor Dixon Mann. He believes that the source of the arsenic will be found to be the sulphur used in the hop industry.

Dr. Kelynack carefully reviews the various objective and subjective symptoms observed in those suffering from the disease. They correspond in every way to those seen in multiple neuritis due to arsenical poisoning. As regards treatment, he forbids the use of spirits in any form, and insists on rest in bed in all severe cases. In many cases a long course of massage should be arranged.

Mr. Kirkby found that the "invert sugar" used in the brewing contained considerable quantities of arsenic. The amount of arsenic found in the beers used by the patients ranged from a faint trace to 0.28 of a grain to the gallon. The arsenical impurity results from the employ-

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ment of sulphuric acid in the manufacture of these "invert sugars," the acid being made from iron pyrites which contains arsenic. In every case so far followed up, the breweries all used sugar manufactured by the same firm.—Abstract from the New York Medical Journal of December 15th, from the British Medical Journal of November, 1900.

## :Sir Michael Foster, F. R. S., on Experimentation on Animals.

The great English physiologist gave a course of lectures on physiology in San Francisco. He also gave an informal address to the students of the Denver College of Medicine, published in the Colorado Medical Journal for October, in which he said:

"I suppose you don't experience the sort of thing here, but in the rest of the world we are stimulated by difficulties; and I think there can be no doubt that the fact we have to fight against difficulties in the progress of physiological inquiry occasioned by the Act has really stirred us up to more active and more earnest inquiry than if the Act had not passed; but if the question comes before you, don't you be too much influenced by the beneficial effects of difficulties. (Laughter.) Resist, as I have said to everyone in America, resist interference with your inquiries. heard the Lord Chief Justice of England, when this matter was being discussed in the House of Lords, I heard him say: You must remember, my lords, that this is essentially a penal act.' I, a professional physiologist, sat in the gallery of the House of Lords, and heard the highest legal authority state that the legislature were about to treat me as a felon. They were about to bring into action what he called a penal act. Don't you allow yourselves for a minute to get crippled by all these special certificates.

"Indeed, no legislation at all is necessary. I speak not for myself; I speak for all my brethren. We are not cruel. We never cause pain if we can possibly help it, and the whole progress of physiology is dependent upon the experiments upon living animals. The other people may say what they like, but if you read the whole story of physiology you will see that every step has been based upon an experi-

ment on living animals. I have just come from delivering a course of lectures in San Francisco on the history of physiology. I always knew that our science was based upon experiments, but I never knew it as I know it now when I have to read carefully the old authorities and trace out all their work. Everyone who has made an advance has made it by experiment on living animals. And in the old time, for instance, in the seventeenth century, in the '60's or '70's of the seventeenth century, just following Harvey, there was a man, Richard Lower, who did very great work on the circulation, on respiration and other parts of physiology, and so far as I can make out from reading his works he must in the quiet retreat of Oxford have performed just as many experiments, indeed, I believe on the whole he performed in the same time more experiments than Claude Bernard; and Harvey himself, in his great work on the heart, says not only once, not twice, but several times, that he came to the truth first of all by observing certain facts in the animals and then testing those facts by repeated experiments on living animals. And it is a duty of the whole medical profession to see that the physiologist is not hampered in his important inquiries by any misdirected legislation."

# Insects Responsible for Spread of Yellow Fever in Cuba.

Havana, Dec. 21.—A board of physicians investigating yellow fever at Marianao is practically certain that the disease is propagated by mosquitoes. Four cases are now under treatment, the patients all being soldiers who were bitten by mosquitoes that had previously bitten persons suffering with yellow fever. The board has found that a mosquito, after having bitten persons affected by the disease, needs fifteen days before it is able to transmit it. If it bites a non-immune in less than that time, he will not develop the disease. The four cases under treatment developed the fever in about three days after being bitten. Five soldiers have been living and sleeping in infected clothes, beds and bed clothes for twenty days, and have not developed any symptoms.—Press dispatches.

#### In Lighter Vein.

CHARM.

"It is a presence sweet and rare,
A something oft attained by art,
Yet oft possessed, all unaware,
By folk of simple mind and heart.

And he that has it cannot pass
The secret on with gold or name;
It vanishes like dew on grass,
Or heat that hovers over flame.

In books that man but little seeks,
Neglected or forgotten long,
This living essence dwells and speaks
In happy rhymes of deathless song.

The subtlest of all mystic things,
'Tis strange indeed that it should be
When worn by poets, beggars, kings,
Twin sister of simplicity.

And you that seek it never find,
And you that have it never tell;
And all that strive to catch and bind
Can only startle and dispel."

—Meredith Nicholson in Harper's Magazine.

"What is a skeptic, pa?"
"Well, the most hopeless kind of skeptic is a woman who has lost her faith in doctors."

"You ride a horseless carriage quite a lot, don't you?" asked the doctor.
"Yes," replied the patient.

"I thought so. You are automobilious."

Simkins: "What makes your nose so red, Timkins?"

Timkins: "It glows with pride, sir, at not poking itself into other people's business."

The Healer: "Your greatest need, madame, is to place yourself in harmony with the universe."

The Willing One: "But how can that be done?"

"For three dollars a treatment."—Life.

#### A PANT-LESS DOCTOR.

Tramp—"Please, can't you let me have a pair of old trousers of the doctor's?"

Lady of the House—"I regret very much, but I am the doctor."—Meggendor-fer Blaeter.

#### LESE MAJESTIE.

The news it came by cable And, of course, it must be true; This awful, awful, awful crime Turned ev'ry Prussian blue. Tis there they have a Kaiser-Taint like our President— We say just anything we please And doesn't cost a cent. But over there the Kaiser Is a sacred bricky-braw, You dassant monkey with him Or rub him on the raw. There was a very little boy,
He was a child of sin,
And went to the gymnasium
Located in Berlin. So, little Maxey Lenzmann, Who attended at the gym, Went right slap up ag'inst it-And now we weep for him. What Maxey said, what Maxey did Can only be inferred, Because the cable doesn't say Nor bring a single word. But out of school they bounced him, This German kid, aged ten, And to no gym. in Prussia Can he ever go again. For his crime was mediæval, So evil, that they say There ain't no German for it
And its French—"lays majestay." -Indianapolis News, December 14, 1900.

#### IN SHAKESPEARE'S TIME.

Wanted.—In a family who have had bad health, a sober, steady person in the capacity of doctor, surgeon and man-midwife. He must occasionally act as butler and dress hair and wigs. He will be required sometimes to read prayers, and preach a sermon every Sunday. A good salary will be given.

#### MISTAKEN IN THE CASE.

Some time ago, says a Missouri paper, one of Marshall's most charming young ladies sprained her knee. She had formed a dislike to the family doctor, so her father decided to call the spruce young man with a homeopathic case that passed the house every day.

They kept a sharp lookout, and when he came along called him in. The young lady modestly raised her skirts and showed the disabled member. The littleman looked at it and said:

"That certainly is quite serious."
"Well," said she, "what shall I do?"
"If I were you," he whispered, "I would send for a physician; I am a piano tuner."



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Short practical articles, reports of society meetings, and medical news solicited.

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#### A State Laboratory of Hygiene for Indiana.

The State Board of Health will present a bill to the coming Legislature for a laboratory of hygiene. The laboratory will be for free examinations to aid in the diagnosis of diphtheria, tuberculosis, malaria, typhoid fever, etc., and for making free analyses of waters, foods and drugs. The laboratory will also be used in preventing stream pollution and in conserving those industries which pollute the stream and which are now being driven out of the State by prosecutions.

In this work the method will be to first analyze the polluting matters, then devise a method of sanitary disposal, and lastly impose the disposal method upon the industries which pollute the streams. In this way both the streams and the industries will be saved. It has been shown that the capital of the stream-polluting industries of Indiana is not less than \$20,000,000. They pay out between four and five millions annually in wages, pay thousands in taxes and use up annually several million dollars' worth of raw ma-

terial. To unnecessarily drive out these industries when science can save them without injury to health would be very foolish.

The pure food and drug law was passed in 1899, and the State Board of Health commanded to enforce it. Neither money nor laboratory were supplied to make enforcement possible. Of course, nothing has been done. Indiana's food law is highly recommended by The British Food Journal, by Dr. Wiley, United States chemist, and other authorities. With a laboratory, the health department could make inspections, secure samples, make analyses, and conduct prosecutions. Food and drug adulteration is extensive. Unwholesome foods are also of too frequent occurrence.

It is truly not too much to say that butter adulterated with an equal amount of milk is sold in every town in the State. To mix milk at two cents a pound with butter and sell it for fifteen cents is a fraud, and untold tons of milk are so sold yearly in Indiana. Old, rancid and dirty butter is gathered from every direction, washed, and then mixed with milk. The milk is first treated with pepsin, which turns it into a soft, sweet jelly (clabber), which will form like jelly in a cup or glass. This clabber is then mixed with an equal amount of washed butter. The people of Indiana lose enough annually in this fraud alone to pay the expenses of enforcing the food law.

Other foods which are adulterated are: Catsups, pickles, flour, coffee, jellies, preserves, fruit butters, lard, spices, cheese, smoked sausages, etc. Sausages are very frequently made of condemned meat and are adulterated with "off flour," clay, glucose and coloring matter. The fraud in coffee, both ground and unground, is very great. Ground coffee is mixed with chicory, pounded beans, bran and coffee-house refuse. Grain coffee is adulterated with clay grains made by stamping machines in exact imitation.

Drugs, too, are much adulterated. Borax, which costs fifteen cents a pound, is mixed with soda ash, which costs two cents a pound, and sold as pure borax. Sometimes soda ash, not containing a particle of borax, is sold for borax at the

borax price. Paregoric is watered, also sweet spirits of nitre and aqua ammonia. Tinctures, powdered drugs and crude drugs are frequently adulterated. All of the States bordering Indiana have State laboratories and are enforcing their food laws. Many canning works make two grades of goods—the first quality for States which protect the people, and the low grade for Indiana and other States which furnish no protection.

A State without a laboratory in which to do health work, protect the streams and enforce food and drug laws is as much behind the times on this point as a State without railroads would be behind on transportation.

It has been suggested that the laboratories of the State universities could be used. The suggestion is impracticable. This fact appears when it is remembered that college laboratories are teaching laboratories, filled at all times with students, and professors and teachers are constantly engaged in teaching. When a workshop, designed, furnished and constantly in use for one purpose, is used for another purpose, not even half work will be done for either purpose. Professors, whose time is fully taken up with teaching, cannot make food inspections and analyses and travel over the State attending prosecutions.

Another suggestion has been made that county boards of health should enforce the food law. This is more impracticable than the other suggestion. County boards of health are composed of county commissioners who know nothing of the work of food inspection and analysis, and, besides, their time is fully occupied with other matters. They would also be compelled to open laboratories and employ chemists and bacteriologists. This would necessitate ninety-two laboratories, ninety-two chemists and ninety-two bacteriologists. Indiana will do wisely to profit by the experience of other States and not adopt schemes or ideas advanced by the uninformed.

By all means, let us have a State laboratory of hygiene. It is a necessity, is demanded by the present environment of society, it would save money to the people, aid in disease prevention and promote the public happiness.

#### The Fourth Central Hospital for Insane-Meeting of the Marion County Medical Society, December 18, 1900.

The society has been favored by the privilege of holding four meetings at the Central Hospital as the guests of Super-intendent Edenharter. These meetings have been addressed by Dr. Ludwig Hektoen, of Chicago; Dr. C. B. Burr, of Flint, Mich., and Dr. J. S. Rogers, of the Logansport Hospital. The meeting of December 18th was addressed by Dr. Lewellys F. Barker, head of the anatomical departments of the Chicago University and of Rush Medical College. His scholarly paper is printed in this issue of the JOURNAL in full. Dr. Barker proved to be a pleasing personality, a delightful reader, with a rich and beautifully modulated voice; his subject was especially applicable to the place and the occasion and was written with the view to show the absolute necessity of combining anatomical and pathological with clinical research in the study of psychiatry. Those having access to the Johns Hopkins Hospital Bulletin have read various of Dr. Barker's papers and are aware of the largeness of his scope, as shown, for example, in the essay on the "Progress of Therapy" in the July-August issue. His work on "The Nervous System and its Constituent Neurones," which was published serially in the New York Medical Journal, and later in book form, is an evidence of his capacity for laboratory work and literary research. Tall, manly and beautiful, with every grace of natural refinement and culture, held in high esteem at Johns Hopkins, the most prolific of universities for the development of precocious inherent talent, where he labored ten years and was finally made associate professor of pathology, and now, at the age of thirty-three years, in charge of the entire department of morphology in the wealthiest and most ambitious of the Western universities, Dr. Barker might well be compared to the young Goethe at Weimar, with all doors of the future standing ajar and waiting his entrance. The half hour spent in social converse with the distinguished guest by the members and visitors preceding the banquet soon sped, and all regretted that he was compelled to leave the company

without some response to the earnest and appreciative words of commendation his essay and his presence had incited.

Dr. L. H. Dunning presided at the banquet as toastmaster, commending the work of the hospital, which, through its clinics and its pathological department, is becoming a part of all those collective forces and institutions, both public and private, which go to the better education of the medical student and the physician in prac-

Dr. W. B. Fletcher, a former superintendent of the Central Hospital, whose infinite variety custom does not stale nor age diminish, responded in a graceful and inimitable manner to the sentiment "Our Guests," and closed by giving a horoscope of the future which might have been possible in Sparta, but which makes the present sentiment stand aghast.

Most humane of men, tender as a mother, careless of wealth and emoluments throughout his life, the most original, independent and thorough in scientific research of all the physicians of our State, past or present, Dr. Fletcher coldly and calmly advocates the improvement of the race by the strictest application of evolutionary methods.

#### DR. FLETCHER'S RESPONSE.

I want to tell you how this honor came to be thrust upon me. Strange how some little incident will, at times, change the whole course of our lives! It was in this way: Across the hall from Dr. Brayton's office my dentist, Dr. Reese, holds forth. To him I went about three weeks ago to have a worn-out molar half-soled; on completion of that interesting operation, seeing a light in Dr. Brayton's den, I strayed in, to find him smoking the remnants of a frayed-out cigar. On his left knee an open book, over which he was bending; on his right, a paper pad, upon which he was rapidly making hieroglyphics, which I supposed were shorthand notes. With a glance of his right eye upward and outward—his left eye still on the book, and writing as though the printer's devil were after him-he said in a husky voice through the cigar stub: "How'r you, Dr. Fletcher? You know Professor Barker, of Chicago University, formerly of Johns Hopkins, the eminent anatomist and pathologist?" "Yes." "And Langdon,

of Cincinnati?" "Yes." "And Patrick and Hektoen, of Chicago, and Rogers and Smith?" "Yes." "And Doctor So and So?" "Yes." "Well, Dr. Edenharter has invited the Marion County Medical Society to hold the next meeting at the Central Hospital for Insane, and we want you to respond to the toast 'Our Guests.'" At the same time he tore off the last sheet he had been writing upon, thrust it in my hand and—just went on writing. Had it not been for that tooth I would never have had the honor of responding to "Our Guests," our most honored guests. Next day I received a similar page by mail. spent many valued hours over those two pages, and it was only through the assistance of my butler, who is an excellent Hibernian linguist—he can translate the cackling of geese into Gælic-my Chinese laundryman, and an expert Hebrew scholar, that I was enabled to read the formal invitation that I was expected to respond to the toast "Our Guests" at a meeting of the Marion County Medical Society to-night, thus giving me a third

Now, I had no idea of telling a falsehood when I said I knew all of the eminent persons he mentioned as being invited. In fact, I think I had met but few of them. We are told in the Scripture, "By their fruits ye shall know them." Had I not studied "The Nervous System and its Constituent Neurones," written by our distinguished guest? That volume, the result of many years of scientific investigation, the focussing, I might say, of all the rays of light upon the subject. When you take it up, you will not find it a Weir-Mitchell novel or a Wm. Hammond romance, but a study which will send you to cleaning up your objectives and visiting the butcher for brains and spinal cords; to seeking out fish ponds and hunting specimens along the sea-shore. I could not tell a lie, I know all our distinguished guests, just as I know Moses, Homer and Dante, or Hippocrates, Pinel or Lavoisier, and thousands of others. "By their fruits" I know them.

The committee who put me to this task know that of all the members of the Marion County Society I am least accustomed to attend banquets where the toast is used to amuse, instruct or to kill time.

In my lifetime I think I have attended fourteen funerals and six speech-making banquets, but never before took part, except the physical part of the feast. I must make a tangential excursion and icll you of one memorable banquet I attended. It was in Boston just at the close of the civil war, 1865. At the meeting of the American Medical Association a motion was made to expel Dr. Pallen, an ex-Confederate medical officer, who was then in Canada, and accused of being there to procure clothing, smallpox infected, to be shipped and sold cheaply in the Northern States; other eminent members of the association who were supposed to sympathize with the South, among them Marion-Sims, were singled out to be expelled. It was a hot discussion, in which both sides were well represented. Almost every member had his bristles up and showed his fangs 'neath his trembling lip. association adjourned at 5 p. m., to meet at the banquet in Music Hall given by the city of Boston. There was an evident coolness among the doctors until late in the evening, when Oliver Wendell Holmes arose, and, in his inimitable way, warmed up the sulky champions of blue or gray by showering sparkles of wit and anecdote over the banqueters, and, finally, he came to a pause, so long we thought he had finished. He raised himself almost on tip-toe, lifted his glass of wine upward, and said in solemn voice: "I drink to 'Our Home'-No North, no South, no East, no West."

'Tis where the day-star springs;
'Tis where the Western sun reposes;
'Tis where the eagle spreads his wings,
From Northern climes to Southern roses.

The effect was marvelous; a loud cheer went up and glasses clinked with merry glee. From that minute there was no North, no South, no East, no West, and, by 2:30 a. m. Yankee fanatics and Southern fire-eaters were holding each other up, singing old college songs and "We Won't Go Home 'Till Morning."

Honored guests and fellows of the Marion County Medical Society, this is a truly memorable occasion. The last meeting of the nineteenth century. Already we see the rising sun of the twentieth casting its gray light on the Eastern horizon, and, in the mid-heavens a bright new planet has been born. It is named "Science."

Around it scintilates its satellites "Investigation," "Work," "Truth," "Fact," whilst the evening star "Superstition," with its satellites "Fear," "Ignorance," "Indolence," "Vice" and "Fraud," are sinking into Western darkness.

I will assume the role of a prophet so far as our profession is concerned. In the coming century medical science will be recognized as the most potent factor in political economy; medical science will demand better opportunities to investigate the action of the brain and spinal cord, of whose functions we know but little more than Charles Bell discovered nearly a hundred years ago; medical science will no longer be satisfied with experiments upon rats, cats, dogs and monkeys, or upon cadavers, or to form conclusions from cerebral injuries.

Persons who have been found guilty of crimes punishable with death will be turned over to our physiological laboratory, and, instead of an expense or a menace to the State, they will be benefactors to the human race. Think for a moment of the vast amount of material-truth wasted daily by killing food for worms

Within the century will be discovered the true character and function of the cerebro-spinal fluid and its source, which, I believe, is from a glandular structure, rarely mentioned by writers, the choroid plexus. These and other functions can only be discovered by experiment and vivisection upon man in a physiological condition.

Increased intelligence of the people, through the teachings of science, will cause the passage of laws prohibiting the marriage of persons suffering from constitutional diseases. The diseases vice and immorality will be cured, not by prayer or faith, not by "goody-goody" societies, but by the surgeon's knife. Instead of superstition rooting out other superstitions by the aid of missionaries and evangelists, castration will be regarded as a means of grace and a salvation to our race. The surgeon alone can strike the very root of the evildoer. fear of being turned over to an experimental laboratory and of being unsexed would hold the wicked man in check, whereas the guillotine, the gallows, the axe or electric chair strikes him with but momentary terror, and causes him to become a hero.

In the coming century there will be a time when the influence of suggestive immorality will be as much considered as suggestive therapeutics. There will be a moral censor of the press; deeds of horror and vice now virtually taught daily to men, women and children by the suggestive method will be excluded. The great French essayist, Michael de Montaigne, declares that "in the education of children and adolescents, nothing materially impure, which smells bad or looks disgusting, should ever be mentioned or be beheld." The same relates as well to psychi-The majority of newscal impurities. papers and fiction of to-day are as dangerous to the human mind as are smallpox or leprosy to the body, and they will be regulated by the same health laws in our new century. More adolescents become insane from what they read than from what they see or hear.

I believe that the materia medica will each year become more simplified, and that physical exercise will be recognized as the only tonic that will create conditions that will bring the human body to all its perfection of form or comfort.

I believe that by the end of the next century it will not only be permitted by law that persons suffering from incurable diseases, as cancer, tubercle, syphilis and incurable insanities may be allowed to depart under anesthetics, and that deformed and diseased infants may be eliminated, at birth—but such laws will be mandatory.

During the coming century all criminal cases where the defense is insanity, in cases where the death penalty may be inflicted, the judge will select a jury of recognized alienists for the final decision.

I believe that as a matter of public policy the funeral director and embalming fraud will be done away with, and that it will be taught that St. Peter will not admit through his gates one who cannot show a certificate of having had a postmortem, and does not carry a hat full of ashes to show he has been properly incinerated.

Honored guests and fellow associates, I wish you all well, and, if you choose, I will make an appointment to meet you a

century from this night—in Shadow-land.

The next toast, "Doc Sifers," was responded to by Dr. G. W. H. Kemper, of Muncie.

#### DR. KEMPER'S RESPONSE.

Mr. Riley, Indiana's best known poet, in his inimitable word pictures, has given us a peculiar character in his portrayal of Doc Sifers. The hero is a country doctor, as viewed by one of his enthusiastic neighbors, and the story is told in native dialect.

Doc Sifers in many respects typifies some of the early pioneer doctors of our State. He is a production of the early years of the present century, one who served his day and generation in a practical way, and was loved, and, in a manner, worshipped by his patrons. His word was "law and gospel" in every home he entered.

The awe and veneration with which Doc Sifers' neighbors regarded him shows a trace of the mystery of the past. Mankind has always been inclined to magnify and extol the virtues of their friends, and apologize for their faults. The older members of our profession present tonight can call up memories of the past when it was a common saying concerning some practitioner that he was a "mighty good doctor if you could catch him sober." It was said in a manner to imply that his intellectual faculties were rendered more brilliant by reason of his repeated excesses, and that he was none the worse for it. This was the case with Doc Sifers.

"But Sifers, though he ain't no sot, he's got his faults; and yit When you git Sifers onct, you've got a Doctor, don't fergit!"

Dr. Oliver Wendell Holmes said a physician's motto should be semper paratus. Doc Sifers never obeyed this rule.

"He ain't much at his office, er his house, er anywhere

You'd natchurly think certain fer to ketch the feller there."

But when Widow Daubenspeck was supposed to be dying from a "cowbuncle on her neck," he had to be chased around, and was finally found down at the "gunsmith shop a stuffin' birds." And when

Dave Banks' "reaper runaway" and cut off both his legs, Sifers was not found until the following day, when he was overtaken "at Big Bear," attending "a bee convention." But the unkindest cut of all was when his "wife's own mother died," and Doc was needed so sorely, and absent so securely, that we naturally wonder if he didn't have an object in view in his absence, for the friends got out a search warrant

"'Fore Sifers could be found,
And all the neighbors, fer and wide, a all
Jes chasin' round."

At this supreme moment of affliction, which comes like an unbidden guest to our homes, in the death of a mother-in-law, Sifers

"Was learnin' fer to telegraph, down At the old dee-po!"

His mortality ran low until the death occurred at his own home, for he saved the other patients, and vowed "he could a-saved" Banks' "legs of he'd ben there the day before." Where was his boasted legacy of knowledge when his own family circle was panic-stricken, and a physician's greatest efforts should have been exerted?

Professional etiquette would seem to be subnormal in Doc Sifers' town, and he himself exhibits a degree of ethical astigmatism in his intercourse with his fellow-practitioners. At the mere suggestion of a meddlesome neighbor he goes to visit, and assumes charge of a patient under the care of several other physicians.

But, after all, there have been worse characters than Doc Sifers. We have already admitted his value and usefusness in his day and generation. He possessed a degree of skill, possibly above the average, but he was rough, uncouth and neglectful of his duties, and our college instructors of the present day are not holding him up as a model for young medical men to emulate. Much rather would we hold up the character of William MacLure in the sketch of a doctor of the "old school."

Dr. MacLure carried honorable scars upon his person received in the line of duty from his horse falling upon him while visiting patients. One of these injuries lamed him for life, and he never walked like other men again, and his bi-

ographer says: "That for such risks of life men got the Victoria Cross in other fields." When Young Burnbræ got his hand mangled in a threshing mill, the doctor was on duty far up Glen Urtach, but he mounts a fresh horse and gallops to the patient's home, and amputates his arm and saves his life. He drives through swollen streams and deep snow drifts, at the risk of life and limb, to see Annie, the wife of Tammas Mitchell, and witnesses her recovery. He lays off his coat and carries water from the spring to make a bath for Saunders, the laborer, and discharges the common duties of a nurse. In all these heroic acts he performs his part well and modestly. Dr. MacLure was a brusque Scotchman, whose words were indicative of firmness and decision, but he always reveals himself as a dignified gentleman.

Doc Sifers had his friends, and, after a manner, served them and humanity, but he is the inferior of Dr. MacLure. I would rather, when life's battle is over, lie down in the child-like simplicity of William MacLure, with my faith and hope resting on the promises of my mother's Bible, and, if necessity requires, only one faithful friend at my bedside to "pit up a bit prayer!"

Six centuries ago, Guy de Chauliac, the most famous physician of that period, in tracing the character of a medical man, laid down this rule: "He should be learned, expert, ingenious, bold where he is sure, timid when in doubt, avoiding bad cures and practices, being gracious to the sick, generous and compassionate, wise in prediction, chaste, sober, pitiful and merciful; not covetous nor extortionate, but receiving moderate fees according to the circumstances of his patients, the character of the case, and his own dignity." After the lapse of these six hundred years, does any person present have any amendment to offer to this word picture bearing the image and superscription of a physician, and a gentleman?

We, who have studied and toiled in the nineteenth century, feel proud of the time in which we have lived, and why should we not? Politically, it is the century of the greatest advancement in civil and religious liberty—the breaking of shackles of bondsmen, and the elevation of humanity throughout the world! In medicine it

is the century of ovariotomy, and its lifesaving results; of anæsthesia, marked with a record of fifty years of painless surgery; of the minor benefits of cocaine; the discovery of the bacillus of tuberculosis; of Lister's great treatment of wounds; the revelations in diphtheria, leading to the discovery of antitoxin, whereby a multitude of lives have been Time would fail me to enumerate the new discoveries, as well as to mention the improvements of the old. It has been a hundred years of wonderful events and discoveries in every department of science. Verily, it is a time "that many prophets and righteous men have desired to see those things which we see, and have not seen them; and to hear those things which we hear, and have not heard them.

Doc Sifers will have vanished with the passing years, to return no more. The medical men and women of the twentieth century will be a class of educated and refined physicians, ready for the responsibilities that will await them.

The twilight is now fast giving way to the darkness closing up the nineteenth century. In fourteen days more we shall greet the dawn of a new—the twentieth century. We will step out into its light, guided by the wonderful experience of the past, and shall we not look forward to its approach with bright anticipations and renewed hope for a glorious future?

The next toast, "The Liver as a Factor in Civilization," was responded to by Dr. John C. Sexton, of Rushville, who spoke without notes, but seriously, and with a deeper meaning and significance than the casual and careless listener would recognize.

Dr. Sexton's response is as follows:

It has been said that a man must be a very interesting speaker or have a very interesting subject to interest a body of men who have just had an interesting dinner. If this be true, how can I be expected to interest you in the part one of the organs of the body has played in the civilization of mankind?

The evident facetiousness of this sentiment leads me to think the Marion County Society desires to come down off of its intellectual wood-pile and so, like the bilious old lexicographer, Dr. Johnson, "I'll have a frisk with you jolly boys," and

we'll frolic for a time among the fancy colored facts of science.

Science truly deals only in actual facts. Facts are the stubborn, sturdy little intellectual hoes that dig around in the brain-dust and mental underbrush marshalling it into cells and convolutions fitly prepared for the market of utility and expression. Some facts are provided with cilia or have fringes on them. The advanced civilization of our day is built up upon some of the most lowly and unworthy facts of human history, as well as the most lofty and ennobling of human aspirations.

What has animated the actions of men more than the vulgar strife for riches, the greed of gain, the lust for power or the love of applause; and, on the other hand, what has been more engrossing or more ennobling to the mind of man than the study of the mystery of his origin and his Some of the grandest concludestinv. sions that have ever been reached, some of the sweetest hopes that have ever been inspired, and some of the saddest dreams that have ever tormented the soul of man have centered round this mystery. history of civilization is the record of man's seeking to solve the secret of his origin and destiny. Yet if you stop to think of it, all his conclusions, his hopes and dreams are of the earth earthy, dependent upon and modified by some of the most common and vulgar of bodily condi-Science may seek and search, dig and delve, hark and listen with her ear very near to nature's heart to know more and more of nature's mysterious laws; theology may teach more and more the interpretation of those laws, while religion may guide men more and more to the worship of the Great Law Giver of all, but the listening ear of the human soul hears only the answer the bodily condition may appreciate.

Superstition has had its day and no longer preys upon the minds of men. The age of blind yet beautiful faith has come and gone with its ignorant blocking of the wheels of inquiry and investigation. The era of experiment is upon us and conquest of fear is our inheritance from the ages.

Lessing, the German poet-philosopher, said: "If the Almighty were to deign to offer that he might choose holding in the one hand truth and in the other the

search after truth he would with all humility but without hesitation choose the latter." Science in all the years of searching has come upon a few truths, only a few of those stubbern, sturdy facts. We, as scientific truth seekers and physiologists, know that all mental functions directly depend upon the food supplied to the organs and tissues of the brain. know there is no intellectual process without disarrangement and rearrangement of cerebral matter. Thoughts, ideas, expressions are to us, as scientists, the sure evidences of just so much wear and tear, so much fire and waste, so much consumption and combustion in the cerebral cells. The action of every organ of the body depends upon its blood supply, and the quality of the utterance of the human intellect depends upon the brain's nourishing pabulum. No action of the great mental machine is possible if the great secretary and disinfecting machine under the right shoulder is suppressed for even a brief period of time. The kind and condition of the elements in the great mind organ depends grossly upon the proper preparation of those elements in the great bile organ Science has not arrived at a time when she can weigh or measure the elements in cerebral action, but is positively certain that every mental act represents so much carbon, hydrogen, oxygen, phosphorous and other elements consumed.

We, as scientists, do not and cannot measure the carbon, hydrogen and oxygen in a given thought; but we doctors can sometimes make a shrewd guess at the carbon, hydrogen and oxygen in the form of alcohol in an after-dinner speech.

We, as scientists, may be, and no doubt They accuse us, are, a little skeptical. you know, of being disciples of St. Thomas rather than St. Paul. The priests of old used to say "Ubi tres medici, ibi duo athei," and our own Doctor Oliver Wendell Holmes retorted: "They always couched it in Latin when they had a bigger lie than usual to get off." say we doctors cannot always be certain. We may hesitate about the presence or absence sometimes of the midnight oil in the Sunday morning sermon, but our theological friends never hesitate to tell us of the large amounts of sulphur in certain expressions. It may be possible, if there was not so much sulphur in the liver maybe there would not be so much brimstone in the sermons.

Now, with this authority before us, with this theological, this ecclesiastical backing and support and warning, who will deny the necessity for proper preparation of the elements that feed the mind?

Who, then, can tell the role of the liver in the impulses that have animated the actions of men. Who will tell the part the lowly liver plays in mental functions and mental diseases when a noted alienist cured cases of insanity by multiple puncture of that organ? How far were the ancients wrong when they located envy and jealousy under the short ribs? Old Horace said his liver burned with bile that he could only with difficulty repress when another praised his Lydia's charms.

Who will estimate the bile in a poem when no less a poet than Byron said the thing that put him in the best spirits (absurd, but true) was a dose of salts, only he could not take them as he did champagne? Who will say that the great and good John Calvin was not afflicted with cholethiasis when you see the stony hardness of the tenets of his belief? And it's a great pity it didn't kill him before that unfortunate morning when he condemned poor old Michael Servetus to the stake. I've sometimes thought that if Mike had stuck to his scalpel and forceps and kept out of the religious controversies of his day, he would have been happier, and, no doubt, would have done vastly more good in the world. It was too bad to spoil a good anatomist to make a poor theologian. I saw in the biggest headlines in the papers some time ago this sentence: "We'll Christianize China if it Takes a Million Bayonets and a Sea of Blood." Do you call that bile? Doesn't it look more like brutality under the fiat of a belligerent bishop?

Religions have moulded the course of events more than anything else in the civilization of mankind, yet who can tell what might have been had Mohammet had modern scientific treatment for his brain and not fallen into that trance which shaped the religious belief of one-half the human race; or who, in the wildest flights of his imagination, can esti-

mate the results if Saul of Tarsus had had proper elimination of his toxins and escaped that fit on the road to Damascus?

We cast out devils in our day, but we recognize the demons to be microbic, and a cholagogue cathartic is our favorite exorcism. We can conjure the evil spirits out of a man, but we mostly do it with calomel.

So, fellows, there is no end to the pseudo-scientific moonshine that may reflect a light upon even the most hypochondriacal questions. There is no end to the fuss and feathers that flutter around the fancy colored facts of science. Professor Huxley traced the strength of the British armies to the English old maids and tomcats, and the immortal Hamlet traced the noble dust of Alexander till he found it plugging the bung-hole of a beer barrel. Do we "reason too unlikely when we reason so?"

Do we not find the emotions, the affections, the will, the reason, all the higher attributes of the mind deeply impressed and, in a manner, controlled by the workings of that great hepatic retort that once every three minutes acts upon and prepares and purifies and disinfects and sterilizes every drop and every corpuscle of our blood? And when some sorrowing sadness excites our pity, or some brave, big-hearted act compels our admiration; when we gaze in rapture upon some grand conception of art; when the heart will leap and the blood surge in response to some noble expression of patriotism, may we not in imagination trace the impression on the coin and render unto an humble hepatic Cæsar the things that are Cæsar's.

The meeting was of more than usual interest, because of the attendance of several laymen, notably Messrs. Chas. R. Williams and Hilton U. Brown, editors of the *Indianapolis News*, and Mr. Chas. Dennis, also of the *News*, each of whom made brief and appreciative responses.

The News of Wednesday, December 19th, contained the following editorial note of the meeting:

The annual meeting of the Marion County Medical Society at the Insane Hospital last night was an event of importance to the medical fraternity, and, doubtless, will prove to be of value to the whole State. The horoscope of the future which was cast by Dr. W. R.

Fletcher, Dr. Wishard and other veterans in the profession, may not prove to be true in detail, but it was true in spirit. The century now dawning will certainly witness tremendous strides in scientific medicine. gratulate the Marion County Society that it has the wisdom and the catholicity to welcome light and help from any good quarter. Last night it heard a notable address from Dr. Barker, of Chicago, and it exemplified in its own membership the spirit and progress of the age. All praise to the pioneers in this profession who have helped to keep medicine in Indiana abreast of the times. Progressive physicians recognize that in the knowledge of the human system and of disease they are and must always be learners. The establishment of the pathological laboratory at the Insane Hospital by Superintendent Edenharter commands the approval of all physicians and of all intelligent people who foresee in the methods there employed the possibilities of discoveries of vast importance for the treatment of those with minds diseased.

Upon the completion of the formal program, the toastmaster, Dr. Dunning, called upon Dr. Brayton, the secretary of "in provisional committee, fense of his chirography," as Dr. Fletcher had declared that he had submitted his invitation to respond to his Gælic coachman, his Chinese laundryman and an eminent Jewish rabbi, each of whom declared that it was written in the characters of the others. Dr. Brayton disclaimed any fear of his confreres, and was not inclined to occupy their time, as, in any case, they heard from him once a month through the columns of the In-DIANA MEDICAL JOURNAL.

But he desired to express his gratitude that they had listened to an address by Dr. Barker of such largeness and scope that it would have been appropriate to the lecture platforms of any one of our State colleges or universities. And inasmuch as that great moral and intellectual correspondence school, the *Indianapolis* News, sometimes known as the "University in Tron's Alley," was represented by its editor, Mr. Chas. R. Williams, and its general manager, Mr. Hilton U. Brown, besides its professional reporter, Mr. Chas. Dennis, who had once kept a drug store in Indianapolis and knew the secret of putting a "wink" in a cherry phosphate, it would be in order to hear from these gentlemen, who daily wind up the clock of the universe, and, as Mr. Elijah Halford, the well-known Indiana editor,

once said, give the moral crank an extra turn for the Sunday edition.

Mr. Williams and Mr. Brown were called upon and each responded to the toast "The Daily Newspaper and the Medical Profession" in brief but fitting

and complimentary terms.

Dr. Jerome, of Evansville, spoke to the toast "The Pocket of Indiana," and urged upon the Marion County Society to use its influence with the State society to hold its meeting of May, 1902, at Evansville, which now has ample hotels and whose physicians would receive the society with

unbounded hospitality.

"Hoosierdom" was the toast responded to by Dr. W. H. Wishard, now nearly eighty-five years old, and still in the active practice of his profession. The doctor told a number of stories of pioneer life, and made it quite clear at the conclusion of his remarks that he fully approved of the young men in the profession who were doing such great work in keeping medicine in the front rank of advancing science.

The regrets of Dr. G. W. McCaskey, president of the State society, of Ft. Wayne, who was to have replied to the sentiment, "Our Medical Organizations," were read. Some unexpected engagements prevented his attendance. Dr. Willien, of Terre Haute, was compelled to leave in order to reach his train, and so his toast, "The Banks of the Wabash," was reluc-

tantly passed.

The last response was by Dr. C. S. Bond, of Richmond, who gracefully thanked the Marion County Medical Society and Dr. and Mrs. Edenharter in behalf of those who had come from outside the membership of the society for the hospitable entertainment they had received.

There were over 140 acceptances of the 250 invitations sent out; 115 signed the registration book in the reception room of the Pathological Department, in the assembly room of which the meeting was held. Nearly a half hundred formal regrets were received by the secretary, Dr. Theodore Potter. There were about 130 in attendance.

Upon the register were the following names of visitors from out towns:

C. K. Bruner, Greenfield; Chas. S. Bond, Richmond; C. A. Barnes, Greenfield; M. V. Newcomer, Tipton; Paul J.

Barcus, Crawfordsville; J. C. Sexton, Rushville; Hugh A. Cowing, Muncie; J. W. Jerome, Evansville; John Moffett, Rushville; Allen Pierson, Spencer; H. M. Winans, Muncie; G. W. H. Kemper, Muncie; David F. Trenary, Julietta; Wm. B. McDonald, New Augusta; R. C. Avery, New Augusta; J. H. Clark, Richmond; Hilton U. Brown, city; Chas. R. Williams, city; Chas. Dennis, city; W. H. Ristine, Crawfordsville; L. T. Lowder, Bloomington; L. J. Willien, Terre Haute.

# Total Abstinence for Doctors; Not Even the Cup that Cheers, but Does not Intoxicate.

The physicians of Indianapolis have recently attended several dry banquets. One was given by the Jefferson Medical Society Alumni to the profession in honor of Dr. Keen, of Philadelphia; also the collation served to the Marion County Medical Society at its recent annual December reception at the Central Hospital, where over one hundred and twenty physicians Such has been the were in attendance. almost uniform custom of Indiana physicians at the banquets of district, county and State meetings. Coffee and cigars are enjoyed with the toasts; the company disperses by 11 o'clock and goes home under less emotional impulse than the habitues of an ordinary church revival. Ladies attend and are welcome and honored guests, as is the custom in the best American communities.

There is no need to preach any temperance sermon to the profession of Indiana. And we have noticed also that in those less godly cities on our borders, where we have been privileged to attend banquets, at which beer, wine and champagne were served—at Chicago, Detroit, Louisville and Cincinnati—that there was never any approach to excess, and that very frequently, even where several kinds were served, the glasses remained turned down, or, if filled, were left untouched by many of the banqueters.

In our own city of Indianapolis we have possibly one of the most abstemious and temperate groups of physicians in the world. For years and years the profession has never been in fear of any of its members; that they were drinking too much or neglecting their business for social conviviality. Upon the two or three

occasions in the last decade where liquors were accessible to those who desire them, some of the fathers of our medical Israel feared that the lad Absalom might be endangered, and their mild suggestion that we had best not, collectively, at least, be a stone of stumbling to his sober progress, has been taken as the voice of wisdom and

propriety.

But our physicians, though temperate, are not by any means, as a class, total abstainers, and very few of them have ever allied themselves with any prohibitive associations, particularly those attempting to form a political party. The "Committee on Inebriety," which is annually appointed at our State society meeting, and annually makes an extended report, is never selected because of the fact that its members are, or should be, abstainers or prohibitionists. They study inebriety, alcoholism and the various drug habits, as they would study any other problem in medicine, with a view to determine the scientific facts-the prevalency, the results, the control and the cure. physicians, be it remembered, are the most rational, the most logical and the most conservative class of men in any community; this is the natural result of knowing nature, and particularly human life as it really is. They are better trained to meet and resist temptation of all kinds, and particularly those forms which pertain to drug habits, to alcoholic inebriety and sexual excesses than any other one of the learned professions.

But let us not build the bulwarks of our safety too high or make the pyramid of our virtues stand upon its apex. The most bestial period of Roman history succeeded to the reign of the Antonines, although outside of the New Testament Scriptures there is no higher rule of life than the Reflections of the pagan philosopher and stoic Marcus Aurelius.

We are prompted to this warning, not because it is the opening of a new century, or because we have on this, its opening day, renounced wine, women and song, or because the cold is creeping up our legs and the time has come for us to babble of green fields and call on God. Rather because the present is, in many ways, the most debauched and licentious period in the great history that the Anglo-Saxon races, nearly two hundred millions in

numbers, and destined to control and even make the destinies of the black and yellow myriads of the earth, has as yet met and struggled with. The races now dominant come from the old German stock, "the most moral group in history, with the soundest laws, the least violent passions and the fairest domestic and civil virtues." And to that heritage they have added the chastening and purifying influence for more than two centuries of the Puritan discipline and its religious and civil restraints. We should not depend, however, too much upon this noble descent and this strenuous discipline, for "things are what they are and the consequences of them will be what they will be; why, then, should we desire to be deceived?" "The majority are bad," was the verdict of the pagan Plato, and the Jewish prophet said that many were called but few chosen. The hope of the world is not in the majority, for the great multitude of civilized men are only kept alive by the instinct of conventiality; the instinct to follow those who have passed over safely. The sober mind is necessary to secure life. The Athenian State and the Judean Kingdom did not have all told the population of one of our great cities, such as Chicago or New York, and the saving remnant was not sufficient to save and perpetuate these communities. great cities would sink in a few generations into physical and moral oblivion if they were not constantly recruited from the country.

We may hope and expect great things from the Anglo-Saxon people, because their numbers are large enough to develop and continue a saving remnant. And this remnant must in the future, as in the present and the past, be largely constituted and influenced by the medical profession, for they, as we have stated, have that largeness of knowledge and spirit of self-sacrifice which eminently fits them for leaders. With the coming century the old cry will still be for life and for happiness, and for these in even greater abundance than in the century just closed. By charity, by co-operation, by the use of natural forces, human life of all kinds has been preserved, but the world has increased its burden of the perverse, the insane and the stupid, who live only through the tolerance and wisdom of

others. The degenerates by inheritance, by precocious activity, by sexual excesses and the use of stimulants, are with us by Their lineage is brief, for the millions. nature does not long cultivate lubricity or intemperance. Alcoholic stimulants. venereal diseases and civilization would seem to run in nearly parallel lines, or at least to increase pari passu. But they do not. The relations of life to environment are inseparable and inexorable; they are absolute verities, and demand absolute The mortality born of the obedience. vices of the appetites is the chief offset for the systematic life-saving which science and charity have made possible.

But to return to our muttons—the necessity of temperance on the part of We all admit it, and may physicians. perhaps safely commend ourselves for the universality of its practice in our profession. It is so succinctly stated by Professor Forel that this article may well close by some of his experience and reflections brought together in a recent issue of the Association Journal. This distinguished alienist relates that, having been brought up in the midst of a country of vineyards, he became accustomed from childhood to the daily use of wine. adolescence he suffered from disorders of digestion, especially cardialgia and headache; but it was not until he became director of the Burgholzli Hospital for the Insane, and professor of psychiatry at Zurich, that he realized the necessity for total abstinence personally and the application of the same principle to the patients under his care, so many of whom owed their illness and their tendency to relapse to alcoholic intoxication. The results that followed this departure amply confirmed the wisdom of its institution, permanent cure being effected in a considerable proportion of cases in which previously relapse had been the rule.

Forel goes on to point out that in all countries where the alcohol habit prevails it accounts for from one-half to three-quarters of the crimes, a large proportion of the suicides, of cases of mental disorder, of deaths, of diseases generally, of poverty, of vulgar depravity, of sexual excesses and venereal diseases, and of dissolution of families. One of the worst features, however, is the hereditary one, a larger proportion of the children of alco-

holics being idiotic, epileptic, neurotic, alcoholic, degenerate and deformed than the children of healthy parentage. These results, it may be contended, are due to the excessive or long-continued indulgence in alcohol, but this is a question of individual tolerance and susceptibility, and it is scarcely possible to fix on any definite demarcation between moderation and excess. The only safeguard, therefore, would appear to reside in total abstinence, and Forel contends that the physician who is not a total abstainer cannot enforce such abstinence on the part of his patients.

#### Indiana's Mortality Statistics,

The health law of 1899 makes possible the collection of correct death statistics. This is a distinct advance and a credit to the State. The State Board of Health began the work of collection October 1, 1899, and publishes monthly the results in its Bulletin. This Bulletin is in demand by several European governments and South American States, also by Canada and Australia. Public libraries and the laboratories of many of the great colleges and universities have called for the Indiana Bulletin. Life insurance companies, whose immense business is based upon death statistics, have written, asking for the Bulletin, and would be glad to pay for the same. The good work of the Indiana State Board of Health is being appreciated by the people, and the board's reputation already extends to other States and countries.

#### Compulsory Use of Diphtheria Antitoxin.

Sioux City has put antitoxin on the same basis as vaccine virus. On the advice of the city health officer, the Council has passed an ordinance making imperative the inoculation with antitoxin of all members of families in which there is a case of diphtheria. This is believed to be the most radical step so far in this direction, and naturally much debate is excited over it. Physicians declare that inoculation with antitoxin produces such different results in different cases that it is impossible to foresee consequences, and that these sometimes are serious.

It is too early in the history of antitoxin for health officers and City Councils to enforce the general use of diphtheria serum as either a cure or preventive of diphtheria. Health boards are benignant autocracies, says Dr. Shrady, but they should wait until the peril is imminent before they resort to heroic measures. We commend the views of Virchow when called upon to investigate the use of antisyphilitic serum by Neisser on young girls inoculated with lues. He says to the government: "Do not condemn Neisser; give the experimenters scope, or there will be no progress. But get the sympathy, aid and consent of the relatives first." That is, persuade and educate.

#### "Thanksgiving" Extraordinary.

The JOURNAL has received a copy of the Thanksgiving edition of an Evansville daily—probably, or at least possibly, sent by some friend of Dr. Gilbert's-containing the following half-page acknowledgment to the special deity who holds watch and ward over the sanitariums of the universe, and incidentally to the people of Evansville and Southern Indiana: "Thanksgiving. After Three Years of Unparalleled Success, the Gilbert Sanitarium Desires to Express its Appreciation of the Public's Liberal Patronage. Wm. H. Gilbert, M. D., President."

This announcement may grate harshly upon the ears of those who scrupulously follow the teachings of the Code of Ethics in regard to advertising. But we should all be charitable enough to include even The Journal holds Dr. the successful. Gilbert and his energetic work in the highest esteem, and can readily understand how some enthusiastic business manager or editor whom Dr. Gilbert has favored has worded and displayed the noticeharmless in itself—in a way to bring mild criticism upon the chief medical officer of a beneficent and successful professional enterprise.

#### Heredity and Human Progress.

Those of our readers who have known Dr. Wm. B. Fletcher for long will recall a bill he presented to the Indiana State Legislature when a member some twenty years ago, advising castration of certain classes of criminals. His response to the toast," Our Guests," at the meeting of the Marion County Medical Society, held at the Central Hospital for Insane December

18th, and printed in this issue, shows that a long experience since that time with degenerates, sexual perverts, etc., has strengthened his old views as to this mode of dealing with certain criminal and defective classes. Nothing, in our judgment, will ever come of it as a legal and penal measure, though its advocacy may serve as a deterrent.

Dr. W. Duncan McKim has written a book with the title which heads this note, in which he advises "the gentle removal from life of such idiotic, imbecile, and otherwise grossly defective persons as are now dependent for maintenance upon the State, and of such criminals as commit the most heinous crimes, etc."

#### Smallpox Throughout the United States

Smallpox still exists in many parts of the United States. At Manchester, N. H., eight new cases have been reported. The city pesthouse is overcrowded and the health officers are undecided as to what to do with future cases. There are 400 cases in Winona, Minn., and to prevent its spread the Board of Health has closed two public schools and ordered the street car company to stop its cars at the boundary of the infected district. The disease is still epidemic at Decatur and other small towns near the Omaha Indian Reservation. Many deaths and 250 cases are reported. The disease has spread to Iowa, where the power of the State Board of Health has been invoked, and the Nebraska State Board will establish quarantine. At Perugue, Mo., several cases are reported. The place has been quarantined, the schools closed and no trains stop at this point. Numerous cases are reported along the Yukon in Alaska from Dawson to the lakes. The United States quarantine of-ficers believe that the disease will be epidemic in Alaska for many months. At Whitesboro, Texas, thirty cases have been reported, with no deaths. At Erin, Tenn., twelve cases are reported among the negroes; a pest-house will soon be built. A mild form of the disease is reported among the Kiowa, Comanche and Wichita Indians in the Indian Territory. In Central and Southern Texas the disease is epidemic. In Travis county many thousands of dollars have been expended in maintaining pest camps and enforcing quarantine measures. The disease is confined principally to negroes. In Ashland, Wis., there are twenty-two cases. No deaths are reported. Kansas City physicians fear a serious outbreak this winter. New cases are reported daily. Last winter the epidemic cost the city nearly \$70,000. In the boroughs of Manhattan and the Bronx, New York, forty six cases have been reported recently. There are twenty-four smallpox patients in the Willard Parker Hospital, New York City. Vaccination measures are being enforced. The Council of Yukon, Alaska, has

passed an ordinance requiring all persons in Yukon Territory to be vaccinated. This order affects 15,000 persons.

The above is from the Philadelphia Medical Journal of December 15th. No mention is made of Indiana, although there are at the present time, January 1, 1901, over one hundred cases known in the State, and the secretary of the State Board of Health thinks there are enough cases not reported to make a total of over two hundred. And in the Legislature, which meets this month, we are told that a bill will be presented to prevent the compulsory vaccination of school children. We do not believe it will receive much support, but advise all physicians to be on their guard and advise their Representatives to let the law stand as it is. The Supreme Court has affirmed the present law.

#### Society Weetings.

#### Vigo County Medical Society,

At the November meeting of the Vigo County Medical Society the following resolutions were offered and unanimously adopted:

WHEREAS, The duties appertaining to the coroner's office are such that only a medical man can properly and intelli-

gently fulfill them; and,

WHEREAS, In some counties of this State the exigencies of politics have prompted the nomination of non-medical candidates for that office; therefore, be it

Resolved, That it is the sense of this society that the statutes of the State of Indiana should provide medical qualifications for persons holding that office.

Resolved, That we use our best efforts with our representatives in the State Legislature looking to the enactment of such a law.

Resolved, That a committee of three members of this society be appointed who shall see that such a bill is prepared and introduced at the next meeting of the Legislature.

In compliance with this resolution the committee has in course of preparation a bill covering the point in question which will be introduced at the next legislative session. We would ask the co-operation of your society in assisting us to secure

for the profession those rights which in equity belong to it. Will you kindly see your Representatives and use your influence in securing for this proposed bill their earnest support? Thanking you in advance for any encouragement you may see fit to give to this movement, we remain.

S. J. Young, M. D., M. R. Combs, M. D., J. H. McCorkle, M. D., Committee.

#### The Northern Tri-State Medical Association.

The next meeting of the Northern Tri-State Medical Association will be held at Ft. Wayne, Ind., Tuesday, January 29, 1900. H. D. Wood, M. D., Secretary.

#### PERSONAL.

Dr. D. R. Walker has removed from Mechanicsburg to Lebanon, Ind.

The Marion County Commissioners have made the following appointments: Dr. O. B. Pettijohn, physician to the Marion county jail, and Dr. J. S. Hollingsworth, to the Asylum for the Poor. Dr. D. F. Trenary was reappointed physician to the Julietta Asylum for the Incurable Insane, and Dr. Marie Haslep was retained as physician to the female prisoners and wards.

Dr. Nelson D. Brayton has completed his course at the Lying-in Hospital of the City of New York and is at home for the present. The course occupies six months and the deliveries run from ten to fifteen daily. The work is mainly in the tenement house district of the city. The society is over one hundred years old—one of the oldest charities in New York.

Mr. J. Pierpont Morgan is erecting a half-million dollar marble hospital for this work. The reports of this hospital are large volumes, and show a series of results which are clearer of sepsis, accident, or death than the average obstetric practice in the best families of cities.

#### Dr. Harry S. Moore.

Dr. Harry S. Moore, of Indianapolis, acting assistant surgeon in the Philippine

Islands, is on duty in the San Fernando Hospital, some 180 miles north of Manila. He has not resigned from service, as was stated erroneously in a recent issue of the JOURNAL. He is much pleased with his position, and has had continuous good health.

#### Dr. W. N. Wishard on State Board of Health.

The Governor, Secretary of State and Auditor has appointed Dr. W. N. Wishard, of this city, a member of the State Board of Health to succeed Dr. Henry Jameson, of this city, who resigned recently. Dr. Jameson said he did not have time to devote to the work of the State board. Dr. Wishard's term will expire March 1, 1901.

#### Dr. Samuel H. Moore.

Dr. Samuel H. Moore, of Indianapolis, father of Dr. H. S. Moore, in the Philippine service, and a member of the 70th Indiana Volunteer Infantry in the civil war—General Harrison's regiment, and afterward Colonel Samuel H. Merrill's, of Indianapolis—has been appointed member of the Board of Examining Surgeons for Marion county, in place of Dr. J. J. Garver, deceased. The other members are Drs. R. F. Stone and S. H. Mapes, of Indianapolis. Dr. Moore was also First Lieutenant and Adjutant of the 13th Indiana Cavalry in 1864-5.

#### Dr. A. L. Spinning.

Dr. A. L. Spinning, physician at the Indiana State Prison, will, it is understood, leave that institution the first of next year, his resignation being entirely voluntary. Dr. Spinning will resign, it is said, because he has better opportunities presented him. He was appointed prison physician and began work under Warden Harley. He conducts the Bertillon system of identification, and is a member of the parole board of the prison.

Dr. Spinning was born at Covington, Ind., in 1866. He attended the public schools at Covington, and afterward was graduated at Wabash College. After he was graduated he taught four years in

Fountain county. He was graduated from the Medical College of Indiana in 1891, and four years later took a post-graduate course at the Medical College of Ohio at Cincinnati.—Press notice.

# Dr. W. N. Wishard at the Allen County (Fort Wayne) Medical Society.

The annual meeting was held December 27th in the rooms of the County Health Board in the new court house—the most perfect public building erected by any county in Indiana, and comparable in its nobleness and simplicity to the Indiana State House; its cost was a million dol-There was a large attendance of physicians at the scientific meeting; the address was by Dr. W. N. Wishard, of In-His subject was "Hyperdianapolis. trophy of the Prostate and its Palliative and its Radical Treamtent." The banquet was attended by nearly one hundred guests, the ladies related to the physicians being present in large numbers. Dr. A. W. Brayton and Dr. H. O. Pantzer were also invited guests. These annual meetings are a prominent factor in the social and professional life of the county societies, and should be held annually in every society in the State.

#### Marriages.

Miss Gertrude Koons and Dr. D. S. Wiggins, M. C. I., '97. At home after January 1st at Losantville, Ind.

Dr. Thomas Gaddes, M. C. I., '96, has removed from West Indianapolis to the Northwest Territory, Canada.

Dr. A. S. Loop, graduate of the M. C. I., '99, and interne at the City Dispensary, '99-'00, has located at Economy, Ind. He is associated with Dr. J. B. Clark, father of Dr. E. D. Clark, city sanitarian.

At the bride's home in Blocher, Ind., Dr. Laura Mace, M. C. I., '98, interne at the Richmond Insane Asylum, and Dr. Robert H. Hester, M. C. I., '99, interne at St. Vincent's Infirmary, '99-'00. The ceremony occurred on December 26th. They will be at home at Kingman, Ind,

#### NECROLOGY.

#### Dr. Smith, of Wabash.

Wabash, Ind., Dec. 22.—This morning, at his home in this city, Dr. Andrew J. Smith died from the effects of a stroke of apoplexy. He never regained consciousness and sank rapidly the last week. He was taken to New Mexico over a month ago, with the hope of benefiting his health, but became so ill Thanksgiving day that it was deemed best to bring him home.

Dr. Smith was one of the oldest, and for thirty years had been among the most conspicuous, practitioners in Wabash and Northern Indiana. He was of German descent, and was born in Champaign county, Ohio, December 30, 1830. His parents resided on a farm near Urbana, where the Doctor remained until he was eighteen, when, having acquired a good common school elucation, he entered Ohio Wesleyan University at Delaware, whence he went to Miami University at Oxford, alternately teaching and attending college. In 1852 he married Miss Rose, of Milford, O., and moved to Somerset, Wabash county, where he studied medicine in the office of Dr. J. L. Dicken. In 1856-7 he attended Rush Medical College, Chicago, and in the winter of 1857 began practice in Wabash, retiring in 1858 for a short time because of illhealth. He was in 1862 appointed senior assistant surgeon of the Indiana Cavalry by Governor Morton, and served with ability on many battlefields. At the close of the war he became interested in the medical firm of Gillen & Bennett, in this city, withdrawing in 1870. In 1871 he took a course in the Chicago Medical College, graduating March 14, 1871. In 1874 he formed a successful partnership with Dr. R. F. Blount, which continued for years. Later he practiced alone, and ten years ago, his first wife having died some time before, he married Miss Louisa F. Jessup, a physician, and since then they have conducted a large practice. Dr. Smith was a member of the county, State and National societies. He was prominent in Masonry and Odd Fellowship, and was active in M. E. church circles. He was the father of five children by his first marriage, three of whom survive, and of one child by his present marriage.—Press report.

#### Dr. Garver, of Indianapolis.

Dr. J. J. Garver, fifty-six, died early Thursday morning, December 13, 1900, at his home, 1852 North Pennsylvania street, from organic heart trouble contracted during his army service thirty

years ago.

Dr. Garver was born in Silver Lake, O., and had been practicing in Indianapolis since 1874. He entered the army when only fifteen and served four years. After leaving the army he studied medicine in Cincinnati and first located in Dayton. In his class of more than fifty he took second honors. His first Indianapolis office was on Delaware street, just north of the present site of Tomlinson hall. He afterward located on Ohio street, and then on North Meridian street. He was at one time superintendent of the City Dispensary, and was for two terms a member of the school board. He was chairman of the committee which built the city library building. His widow is the daughter of the late Alexander Herron, who died last May. They were married five years ago and had one child, a daughter. The funeral was on Saturday, December 15th, from the residence. The burial was in Crown Hill cemetery. Dr. Garver has been a member of the Marion County Medical Society since 1881, and was its president in 1893. He was confined to his home for several weeks; his illness was noticed in the October issue of the Jour-NAL. Dr. Garver was a good hunter, and fond of outdoor recreation. He was cheerful and a good relator of clean stories. He was fond of horses, and one animal well known in Indianapolis he drove for ten or twelve years. He was missed by the physicians on Ohio street during his long illness, and will be held kindly in the memory of the physicians, the old soldiers, many of whom he examined for pensions, and the people in whose families he was a welcome and lovable physician.

The Antikamnia Chemical Company is just sending out a copy of its annual "Antikamnia Calendar" to each and every physician in Christendom. These four "Skeleton Sketches" represent the last of the "original Crusius water colors" and therefore mark the termination of this series of their annual calendar.

#### Reviews and Book Potices.

Chemistry and Physics is a manual for students and practitioners, by Drs. W. Martin and W. H. Rockwell, of Columbia University, New York. It is one of Lea's series of pocket text-books. Pages 368. Illustrations 137. Everyone needs the elements of these subjects at home, and here we have them succinctly condensed in one volume.

Musser's Medical Diagnosis. A practical treatise on medical diagnosis. For the use of students and practitioners. By John H. Musser, M. D., professor of clinical medicine, University of Pennsylvania, Philadelphia. New (4th) edition, thoroughly revised. In one octavo volume of 1,104 pages, with 250 engravings and forty-nine full-page colored plates. Cloth, \$6, net; leather, \$7, net; half morocco, \$7.50, net.

In view of the fact that no work has done so much to put the science of diagnosis upon a firm practical basis, pointing out clearly the best and most modern methods of precision, both clinical and laboratory, it is not surprising that "Musser's Medical Diagnosis" has become the leading and standard book on its subject.

Successful treatment, the aim of every practitioner, can follow only an accurate and complete diagnosis, and this in turn demands the use of every known method of investigating symptoms and conditions, however complicated or obscure. To no more trustworthy, authoritative, modern or comprehensive book can the practitioner refer in times of anxiety and doubt than the one under consideration.

The illustrations have been revised as thoroughly as the text, and beside 250 engravings, the book contains no fewer than forty-nine full-page colored plates. Lea Brothers & Co., Philadelphia and New York.

Dunglison's Medical Dictionary, containing a full explanation of the terms of anatomy, physiology, medical chemistry, pharmacy, pharmacology, therapeutics, medicine, hygiene, dietetics, pathology, surgery, ophthalmology, otology, laryngology, dermatology, gynecology, obstet-

rics, pediatrics, medical jurisprudence, dentistry, veterinary science, etc., etc. By Robert Dunglison, M. D., LL. D., late professor of institutes of medicine in the Jefferson Medical College of Philadelphia. Edited by Richard J. Dunglison, A. M., M. D. New (22d) edition, thoroughly revised, greatly enlarged and improved with the pronunciation, accentuation and derivation of the terms. In one magnificent imperial octavo volume of 1,350 pages with thumb letter index. Cloth, \$7, net; leather, \$8, net.

"Dunglison's Medical Dictionary" has again been revised and brought to the latest date with an appendix containing no less than 160 pages and 15,000 new words. The immense growth of medical terms and the necessity of knowing them thus become increasingly evident. For two generations Dunglison has been by common consent the standard authority.

It covers all branches of medicine, including in this edition dentistry and veterinary science. All is told about each word—its pronunciation by a simple phonetic spelling; its derivation, owing to the easy recollection thereby facilitated, and its full definition. This latter feature is the essence of a dictionary. Dunglison's definitions are explanatory, complete and clear. Its features as a practical work of reference are well known, as it abounds in tables of value, readily accessible, such as Dosage, Antidotes for Poisoning, etc., etc. Lea Brothers & Co., publishers, Philadelphia and New York.

Clinical Studies in Epilepsy, by L. Pierce Clark. In this study the author has ably presented three clinical papers that are real contributions to our knowledge of nervous diseases. The first paper treats of "Exhaustion Paralysis in Epilepsy," and with its excellent photographic illustrations is destined to become classic in the study of exhaustion paralysis in epilepsy.

Citing from a review of the literature, it would appear that for many years, even a century ago, the phenomenon was known to occur, but only in recent years has it been carefully and painstakingly studied, and in a masterly review and a voluminous presentation of new facts the author has established his thesis, set forth in his

general conclusions at the end of the first

paper, which are as follows:

The theory of exhaustion-paralysis is conclusively proven by physiological experimentation, and especially the pathological data derived from the observation

of phenomena in epilepsy.

2. Exhaustion-paralysis is localized to parts participating in the local spasms, or confined to those parts most convulsed in general seizures. Although there may appear to be exceptions to this general rule, such cases will always be found to follow the rule if carefully observed.

The temporary paralysis may become permanent and exist as a true hemiplegia with organic changes of a varied

nature.

4. It is not necessary to invoke any other state than exhaustion to explain the

temporary paralysis in epilepsy.

Temporary exhaustion-paralysis is essentially an exhaustion of cerebral centers, and the apparent severity of muscular convulsions is not a fair index to the amount of paralysis that may follow.

True exhaustion cases independent of infantile palsy affections are not com-The differential diagnosis of the two lesions or states is extremely difficult, but most important, because the exhaustion cases independent of organic lesions help bridge over the wide breach existing between so-called Jacksonian epilepsy and

idiopathic epilepsy.

Researches upon the disorders of motility, which partake of the nature of exhaustive phenomena following convulsions, as seen in epileptics, seem to suggest some noteworthy points. First, that the degenerative process of exhaustionparalysis, as manifested in epilepsy, is closely allied to that of ordinary paralytic states. In epilepsy, when no real paralysis exists, many disorders of motion are seen, such as slowness in movements, tremors, irregular and inco-ordinate bodily movements in purposeful acts. allowance must be made for the fact that the epileptic brain, in the great majority of instances, is much incapacitated, and the dynamic flow from its motor centers is never perfect, thus paving the way for its further motor degeneracy seen in various paralytic states.

With this fact in mind, we should not charge to the account of epilepsy as a cause more than that which may be due to a previous disability of the motor cen-The great frequency of epilepsy as a symptom of gross cerebral lesions of a paralytic nature, and its close relationship to other spasmodic and periodic diseases of the nervous system which have paralytic phenomena, lends material aid to our clinical hypothesis of a close association of epilepsy and paralysis.

To the speculative clinician many data are here presented for drawing conclusions of epileptic foci of a paralytic nature in the brain. The so-called mixed aura, in which widely different portions of the brain are simultaneously involved, and only in the early stage of epileptic paroxysm, give further proof of the fact that different anatomical and physiological parts of the brain may be severally involved; finally, minute disseminated patches of softening going on to sclerosis in different areas of the epileptic brain, so repeatedly demonstrated, help on our hypothesis of epileptic foci in a striking

8. We desire to call attention to the ineffectual methods of passive movements, massage and ordinary rubbing, to cut short or prevent epileptic muscular spasm. Indeed, in not a few instances, by passive exercise, we have been able to produce Undoubtedly the idea received much encouragement from the earlier notion that seizures began peripherally, and the muscular apparatus was primarily responsible for the convulsion, as seen in some of the other functional neuroses.

The second paper treats of the rare affection of "Paramyoelonus Multiplex Associated with Epilepsy." The author has been at great pains to collect all cases at hand, and these are carefully reviewed, and one case, the first to be reported in the English language, is added by the author. The synopsis of the conclusions

of this paper are as follows:

"Paramyoclonus and epilepsy closely allied; the lesion of each is differ-Myoclonus probably more nearly related to the choreas etio-pathologically. In cases showing myoclonus and epilepsy the myoclonus is generally atypical, while the epilepsy is more frequently classic. Anatomical and physiological stigma of hysteria generally absent. Almost all cases neurasthenic. Physical stigma of

epilepsy frequently absent in sporadic cases. Epilepsy plus paramyoclonus in several members of the same family marks the height of family degeneracy.

The third paper combines a consideration of hypertrophic infantile cerebral palsy and phocomelus and epilepsy. Both are very rare conditions, and the writer's report of twelve cases of phocomelus as a stigmata in epileptic physique, or a shortening of the humerus are the only authenticated cases on record. Many interesting detailed clinical studies are given in review literature and case presentation. The author's conclusions in synopsis are as follows:

"Athetosis theory must be discarded. Hypertrophy and athetosis are probably coincidences and not in casual relation-

ship, as previously supposed."

The illustrations of the third paper, combining skiagraph study of the cases, are given their full merit, as only the able editors of the Archives of Neurology and Psuchopathology are capable of doing.

In closing this review, the author desires to praise the noble work of bringing out these American monographs, which rests largely in the hands of the director, Dr. Van Gieson, and his able staff of coworkers at the Pathological Institute of New York City.

American Illustrated Medical The Dictionary, for practitioners and students. A new and complete dictionary of the terms used in medicine, surgery, dentistry, pharmacy and chemistry, and the kindred branches; containing new and elaborate tables of arteries, muscles, nerves, veins, etc.; of bacilli, bacteria, micrococci, etc.; eponymic table of diseases, operations, signs and symptoms, stains, tests, methods of treatment, etc., etc. With numerous handsome illustrations and twenty-four colored plates. By W. A. Newman Dorland, A. M., M. D., assistant obstetrician to the Hospital of the Univerof Pennsylvania; fellow of the American Academy of Medicine, editor of the American Pocket Medical Dictionary. It contains a maximum amount of matter in a minimum space and at the lowest possible cost.

This is an entirely new and unique work, intended to meet the need of practitioners and students for a complete, up-

to-date dictionary of moderate price. It contains double the material in the ordinary students' dictionary, and, yet, by the use of a clear, condensed type and thin paper of the finest quality, is only one and three-fourths inches in thickness. extremely rich in the matter of tables, containing over one hundred original ones. An important feature of the book is its handsome illustrations and colored plates drawn especially for the work, including new colored plates of arteries, nerves, veins, bacteria, blood, etc., etc.twenty-four in all. The book will appeal to both practitioners and students, since, besides a complete vocabulary, it gives to the more important subjects extended consideration of an encyclopedic character. Handsome large octavo, nearly 800 pages, bound in full flexible leather. Price, \$4.50, net; with thumb index, \$5, net. Sent postpaid on receipt of price. W. B. Saunders & Co., Philadelphia and Lon-

Progressive Medicine, Vol IV., 1900. A quarterly digest of advances, discoveries and improvements in the medical and surgical science. Edited by Hobart Amory Hare, M. D., professor of therapeutics and materia medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 428 pages, sixty-nine illustrations. Per annum, in four cloth-bound volumes, \$10. Lea Brothers & Co., Philadelphia and New York.

The first article, by Dr. Einhorn, of New York, deals with diseases of the stomach and allied organs. Considerable space is very profitably devoted to the latest methods of medicating the stomach. The rest of the article contains many valuable hints on diagnosis and treatment. The portion on "Floating Liver" is of importance and should prove interesting to all.

In discussing fractures about the elbowjoint, tuberculosis of the bones and joints and Coxa vara, Dr. Bloodgood, of Johns Hopkins, has written a most instructive article. He has also devoted some ten pages to the important subject of gonorrheal arthritis. The illustrations throughout the volume are clear and aid materially the descriptions. This is especially true of those illustrations to be found in the sections on fractures and Coxa vara.

The therapeutic referendum has greatly expanded since last year, not only in size, but in scope and value. In its hundred pages will be found excellent accounts of all that has been accomplished with the newer remedies, and additional light is thrown on many of the better known drugs.

Dr. Belfield, of Chicago, contributes a compendious and authoritative article on

genito-urinary diseases.

The important subject of diseases of the kidney is ably handled by John Rose Bradford, while physiology, by Albert P. Brubaker, is of interest more particularly to specialists in that branch, but may be read with profit by all.

Under the subject of hygiene, Dr. Henry B. Baker, of the Michigan Health Board, deals in a practical manner with the causation of diseases due to toxins, their modes of communication and meth-

ods of control.

International Clinics. A quarterly of clinical lectures and especially prepared articles on medicine, neurology, surgery, therapeutics, obstetrics, pædiatrics, pathology, dermatology, diseases of the eye, ear, nose and throat, and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A., with the collaboration of John B. Murphy, M. D., of Chicago; Alexander D. Blackader, M. D., of Montreal; H. C. Wood, M. D., of Philadelphia; T. M. Rotch, M. D., of Boston; E. Landolt, M. D., of Paris; Thomas G. Morton, M. D., and Charles H. Reed, M. D., of Philadelphia, with regular correspondents in Montreal, London, Paris, Leipsic and Vienna. Volume III, tenth series, 1900. Philadelphia: J. B. Lippincott Company, 1900.

P. Blakiston's Son & Co., of Philadelphia, as is their annual custom, send the Journal their Physician's Visiting List for the year. This is the fiftieth year of publication. It was first published in the autumn of 1851, for the year 1852, by the firm of Lindsay & Blakiston, the predecessors of P. Blakiston's Son & Co., which was established in 1843 at Fourth and

Chestnut streets, Philadelphia, and a comparison of the early issues with the handsome book of to-day shows at a glance why it has continued to live. Never content with its success, the publishers have always aimed to improve it, and, while essential features remain very much the same, the comparison is like that of the frontiersman of fifty years ago with the educated scientist of the first year of the new century; the strong, enterprising man is there; beyond that the likeness ceases.

It is needless for the publishers to say that they take great pride in its stability; that they recognize in its success an appreciation of fifty years of effort on their part to provide a useful book and that they realize the help and encouragement that has been given them by the profes-

sion for whom it is intended.

"A Disease Caused by a Fungus; the Protozoic Dermatitis of Rixford and Gilchrist." The author is D. W. Montgomery, M. D., professor of diseases of the skin in the University of California. From the British Journal of Dermatology. Clinical history, photographs, etc.; of interest to those studying the parasitic origin of all malignant growths.

A second edition of Brooks Adams' "American Supremacy in the World's Politics" is just announced by The Mac-Millan Company. It is interesting to learn from the London Spectator that although the subject of his book is the decay of England and the rise of America, it has received much praise from the English press for its impartial attitude.

"Acute Senile Endometritis, with Pathology and Report of Cases," is by Dr. L. H. Dunning, of Indianapolis. the Atlantic City meeting before the Section on Diseases of Women. Printed November 3d in the American Medical Association Journal, and may be had of the author on application. The histo-pathology, text and illustrations are by Dr. R. L. Ritter, of Indianapolis, who assisted Dr. Dunning in the operations. The author also sends a continuation of the subject, with additional cases, read before the Louisville meeting of the American Association of Obstetricians and Gynecologists.

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INDIANAPOLIS, FEBRUARY, 1901.

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# Indiana Medical Journal.

Vol. XIX.

INDIANAPOLIS, MARCH, 1901.

No. 9.

#### Addresses and Original Communications.

#### INFLUENZA, WITH SPECIAL REFERENCE TO ETHMOIDAL CELLS AND MID-DLE EAR COMPLICATIONS.

BY JOHN J. KYLE, M. D., OF INDIANAPOLIS, IND., Oculist and Aurist to St. Vincent's Infirmary, and City Dispensary.

The present epidemic of the influenza has been far more reaching this winter than in many years past. The number of cases in every city of the country has been remarkable, while in our island possessions reports show that troops and natives, alike, have been victims of the disease.

The Medical Record, speaking editorially of the disease, says, "Taking it all in all, influenza as it presents now, is perhaps the most insidious and dangerous disease which attacks civilized races."

To R. Pfeiffer, who in 1892, first succeeded in isolating the micro-organisms, belongs the credit of discovery. Dr. Fiekler, in "The Twentieth Century Practice of Medicine," graphically reviews the different epidemics of the grippe, from 1173 up to the present time. In this article the process of isolation, cultivation, staining, etc., is comprehensively set forth.

The nose and throat being the seat more especially of infection, radical morphological changes are the natural sequence, observable more especially, I think, in climates where catarrhal conditions of the upper air passages are the rule. My observation has been in those cases, with some exceptions, which for want of a more definite term will be called ambulatory, i. e.: reporting daily at the office for treatment. In these cases symptoms manifested themselves suddenly in the nose, resembling acute coryza, though of a more intense nature, if such were pos-

sible, obstinate in character, and continuing from three to four weeks, with slight elevation of temperature and general malaise. Some striking variations in the color of the mucous membrane of the nose, throat and larynx were observable. In some cases the turbinates would be swollen and very red, while in others the turbinates would be fearfully distended, though the local coloring would still retain the pale pink, very near the normal. The larynx and bronchi very frequently become affected, lasting only two or three There was redness, hyperemia and hoarseness, some difficulty of speech. As observed by Fiekler, "Implication of the larynx in influenza is seldom of very great intensity."

Extension to the sinus was the more general rule, involving the frontal and ethmoidal cells. From slight pain confined to the frontal bone to excruciating pain in the forehead and temples, ending in resolution or abscess in anterior ethmoidal cells, are symptoms observable.

In many cases there was no rise of temperature. The only symptoms presenting would be the dulling of the intellect, difficult nasal breathing, headache, and copious thick nasal discharge. The observation of Garell, "that acute suppuration of the accessory sinuses is the rule in the majority of the severe attacks of coryza," was a positive condition in the cases under observation.

The diagnosis of acute involvement of the ethmoidal cells is comparatively easy. In the acute stage there is the peculiar nasal change in the voice, which cannot be accounted for in the nose. The nasal passages may be quite open, nevertheless all have the stuffy feeling in the nose and voice symptoms. The discharge from the nose may or may not be very prolific, more or less headache and slight fullness and pain upon stooping.

To reduce the congested mucosa, as previously remarked, nothing will enable us to more thoroughly bring this about than cocaine followed by warm alkaline spray, more specially Dobell's solution, washing with one-half per cent. solution of extract hamamelis, followed by some bland oil. It has been a successful practice to cocainize the mucosa and place cotton tampons, saturated with ichtholdin, which contains ichthyol, tincture iodine, glycerite of hydrastis and boro-glyceride, within the nose, allowing them to remain at least fifteen minutes. This has a palliative and astringent effect. For home use, where the engorged condition persists, the following ointment is very efficacious:

R. Orthoform, Gland Suprarenal, aa gr. 40; Antipyrine, gr. 2; Menthol, gr.

1; Adeps benzoais, 3 ss.

This is to be applied every two or three hours to the nostrils. Could the patient be kept in an even temperature and prevented from exposure, more satisfactory results might be expected, though, as every physician knows the majority of patients are so busy professionally and socially that precaution is out of the

question.

Middle Ear Complication.—This may be expected, like involvement of the sinuses, at any period of the disease. naso-pharynx being often especially affected, it is very easy for the disease to extend through continuity of tissue or microbic infection. The severity of the disease is variable, from slight catarrhal inflammation to abscess and involvement of mastoid. The symptoms are too well known to demand any especial enumeration. That it is a frequent complication far reaching in effect must not be forgot-Surgical procedure and local treatment must be radical and especially indicated. The pain from acute abscess of the middle ear is excruciating, and when, upon examination, there is the slightest bulging of the drum, full paracentesis is at once indicated. This surgical procedure is free from any danger. Wurdemann, in a recent article of the Philadelphia Medical Journal, February 2, 1901, says: "That in a profesional experience of nearly twenty thousand patients I have never seen from my own hands or from those of others, any damage done by paracentesis of the drum head for acute otitis

media." This statement will, I think, be borne out by the experience of otologists.

The pharyngeal orifice of the eustachian tube often becomes so swollen as to totally occlude air. Under such conditions our treatment is confined to the naso-pharynx. Dobell's solution, hot foot baths, laxative and constitutional treatment as indicated. When paracentesis is not demanded for the relief of pain, leeches to the tragus and two to threedrops of 4 per cent. solution of cocaine dropped into the ear. Afterwards the canal is sealed hermetically with a pledget of cotton saturated with collodion.

In a majority of cases patients complain of slight tenderness and pain ever the mastoid and ramus of the inferior maxillary bone. This quickly succumbs to free drainage. If, after a day, we are convinced that drainage is not free enough, I believe a second paracentesis is advisable.

Our object now, as in the acute case where there was only a serous exudation, is to prevent any infection, and with this end in view the ear is washed out with solution of bi-chloride 1-5000, and patient recommended to drop protargol 5 per cent. in the ear, twice a day. Free drainage being encouraged with iodoform or bi-chloride gauze. Cleansing the naso-pharynx daily and applying argentinitras, 10 grains to the ounce, as an astringent.

Spontaneous rupture of the drum is tobe deplored in the old as well as the young. The practice of letting an ear go on to suppuration, and then treating antiseptically, is more commendable than the filthy practice of dropping oils and family medicaments, active media forgerm cultivation, into the ear for the relief of pain. Under such circumstances should the drum rupture, infection most likely follows, and when established there is no telling when it will end.

How Paracentesis is Best Performed.— The canal should first be carefully cleansed with warm solution of mercury bi-chloride 1-5000, then apply alcohol to the canal with pledget of cotton, afterwards drying.

Anæsthesia of the drum can be produced by a "warm 8 per cent. solution of cocaine which should be left in the ear twenty minutes." I have produced anæs-

thesia by applying pure carbolic acid, on a fine pledget of cotton, to the line of intended incision. The caustic effect in no wise interferes with the healing of the wound. With a sharp Sexton knife, curved at right angle, the incision is quickly made through the posterior inferior quadrant. The slight pain and shock to the patient, sometimes very great, quickly passes away. Where we have acute abscess of the middle ear, complicating grippe with rise of temperature, ear symptoms are not to be minimized.

A few words relative to the constitutional treatment of the grippe complicated with involvement of the sinuses and

middle ear.

Complications are of such a severe character that rest in bed should be demanded.

A saline should be given and likewise diuretics. Quinine in large doses reacts badly upon the sinuses and middle ear, and has no indication for its use. Careful nursing and easily assimilated foods are especially indicated. The occasional hot bath aids in elimination and brings rest and relief.

In convalescence tonic doses of quinine, iron, and hypophosphites are indicated which should be continued from three to six weeks, or until the feeling of undertone, so conspicuous, has entirely passed away.

Hume Building, E. Ohio street.

#### POST-OPERATIVE VENTRAL HERNIA.\*

BY ROBERT T. MORRIS, M. D., NEW YORK.

Two years ago I operated upon this patient for apendicitis. There was a gangrenous appendix and an abscess. I did not close the wound completely after the operation, as I probably would have done to-day, and the result is that he has a post-operative ventral hernia.

I have been gradually working toward the idea of closing these wounds completely or almost completely and depending upon hyperleucocytosis for successful management of the case afterward, but I have not proceeded so rapidly as to make unwise experiments upon my patients. Two years ago I closed almost all of my abdominal incisions after op-

erations upon cases of appendicitis with abscess, with the exception of room enough for a wick drain that was made by rolling gauze in gutta percha tissue, and post-operative ventral hernia followed so seldom that this case is only one of three in my practice that I know of. However, we have a large post-operative ventral hernia, and while I am sorry that it occurred, it is a pleasure to operate upon it.

An incision through the skin is first made; then the sac of the hernia is carefully stripped awy from the fat without being opened. This is an important point. Avoid opening the sac, until all of the other landmarks have been dis-

covered.

The first anatomical landmark is the external obilque aponeurosis. We split this on either side of the hernial sac in such a way as to expose the internal oblique and transversalis muscles. Having exposed these freely, the way is now clear. The hernia sac can be removed at this stage. As we begin to snip it away we follow up the line of incision with a continous catgut suture. In that way we avoid handling bowel that would otherwise crowd out and we gauge to a nicety the exact amount of sac which should come away.

The sac removed, a continuous suture of chromic catgut closes the gap in the internal oblique and transversalis muscles. Other continuous suture of catgut closes the opening in the external oblique aponeurosis. The reason why we must have different lines of sutures is because the muscles have different lines of trac-

tion.

This patient has a thick layer of fat, and you observe that I carefully avoid passing any sutures through fat. thicker the layer of fat in the abdominal wall, the more must we avoid the use of so-called supporting sutures. Do not forget this point, because it is exactly in opposition to a common custom. The heavy fat wall often suggests to the surgeon the mechanical need for a support and he responds by using the support of su-tures when he could do much better by bringing to his aid atmospheric pressure. Sutures penetrating a layer of fat liberate free oil which may burrow and undo the surgeon's work, but if we press the fat walls together and then run a small continuous subcuticular suture through the true skin alone the fat walls remain in apposition perfectly. Atmospheric pressure will coapt the fat walls so that they can be separated only with great difficulty twenty-four hours after the operation.

The subcuticular suture avoids the danger of making stab cultures of staphylococcus albus with the point of the needle. The staphylococcus albus always remains in the hair follicles no matter how thoroughly the skin has been prepared and the point of the needle passing through epidermis is very apt to make these cultures. This is avoided by the use of the subcuticular suture.

The wound is finally covered and sealed with a strip of gauze painted with collodion. This technique leaves scars that disappear almost completely. I recently exhibited at one of the society meetings a series of patients who had been operated upon for appendicitis and for hernia and asked the members present to tell by observation, if possible, the situation of the scars. Some of the scars could be made out on palpation but not on observation. It is not on the patient's account that we do this work for cosmetic effect—it satisfies one's artistic sense.

# SOME SUGGESTIONS IN USING BROMIDES IN EPILEPSY.\*

BY L. PIERCE CLARK, M. D., First Assistant Physician, Craig Colony for Epileptics, Sonyea, N. Y.

Since the introduction of the bromide salts in 1851, by Locock and McDonnell, their use in the treatment of epilepsy has had a varying fortune. Some maintain that they should be used only after all other remedies have been tried, and others still claim that they are really the only remedies we have for the disease. Between these two extremes of opinion we have varying views. Undoubtedly the perfunctory administration of bromides has been productive of great harm. train of their evil effects is too well known for me to detail them; instead, I propose to give some experience of my own with the bromide salts.

I hope it will be understood at the outset that I regard the bromides as but one of the many drugs to be used in recovering epileptics from their disease. The modern conception of the disease demands that much be done unremittingly for the possible amelioration of the predisposition which really underlies all the epilepsies. All agencies for the physical and mental regeneration of the epileptic must be evoked in every case. I regard bromides as one of our great drug adjuvants for the curative treatment of the disease. Until the seizures are stopped we can not hope to successfully invoke other far-reaching and more telling methods. Above all other considerations, the seizures must be stopped; bromide is the drug par excellence for this phase of the disease. The cortical stability of the epileptic once assured, many things are then possible. With this prefatory remark on my position, I will take up the title of the paper.

Epileptics and their relatives expect physicians to give medicines at once which will lessen the frequency and severity of the spasms; therefore, too little attention is genrally given in the beginning to a careful case study of the digestive tract and its tolerance of the bro-If the patients are anemic and have the epileptic physique or dyscrasia, we must try to build up the organism while administering bromides. I almost always give iron tonics and cod liver oil to epileptics, either to correct existing mal-nutrition or forestall the effects of the bromides. I consider this adjuvant treatment as important to the bromides as the diet and the general living regimen. The bromides may be given at once. I use the following well-known formula, which I am persuaded is the best:

Elixir of the Triple Bromides: R Potass. bromid. Ammon. bromid. Sodii bromid., aa gr. v; Elixir simplex, q. s. ad., zi. M.

This preparation is given because it is palatable and contains the dynamical effect of 15 grains of bromide to the drachm, an easy and convenient unit to work upon in further bromide treatment. The patient is begun on one drachm a day at the outset, given night or morning, according to whichever end of the day the seizures occur most frequently. This is

<sup>\*</sup>Read at the thirty-third annual meeting of the Medical Association of Central New York, held at Rochester, N Y., October 16, 1900. Published in the Buffalo Medical Journal of February, 1900.

kept up for a week or so, until the sedative power of the single dose can be determined, and then successive drachms are added as thought necessary, until the seizures cease or 480 grains or one ounce of the salt is taken. The giving of bromides of late has been in too small doses to gain antispasmodic effect. The amount should be sufficient to stop the seizures. The same care and attention should be exercised in giving bromides in the different cases as though we were handling a new drug each time.

Every possible precaution in the prevention of bromide intoxication must be taken. The epileptic organism must be kept in the highest possible functionating Hot and cold baths, massage and electricity should be given. If the patient has a good physique, I order a prolonged hot bath twice each week on retiring. I order a cold shower bath and a friction rub every morning when rising. If the patients can not stand the shock, a cup of coffee or hot milk is given them in bed before the bath, and if the shock is still too severe they should lie down until the reaction takes place; a hot drink after a cold bath materially aids the rapid reac-No alcoholic stimulants, as a rule, should be allowed in connection with these cold shocks. Put just as little dependence on hot drinks as possible, and insist upon neurotic patients themselves making efforts to favor the reaction. I regard these cold baths in the morning as vital to maintenance of a good peripheral circulation, to physiological awakening of the organic tissues.

The bowels must be watched, the diet must be prescribed; high rectal saline douches should be given once or twice each week. The mouth must be kept scrupulously clean. Internal antiseptics should be given at stated intervals, and if the face shows the effects of the bromide intoxication, cloths wrung out of hot water may be applied to the face to relax the tissues and aid the circulation in taking up the bromide deposits. This skin treatment should be followed nightly for fifteen to twenty minutes; the last moist heat application should be a hot saturated solution of boracic acid, and a final application of zinc ointment should end each night's treatment to the face. I have never seen a case of acute or chronic bromism

of the skin which would not to a great extent yield to this treatment, when the other factors in bodily hygiene were faithfully looked after. It is absurd to look to Fowler's solution of arsenic to remove bromide intoxication when the care of administering bromide is neglected.

Having stopped the seizures by large doses of bromine, the work of treating the epilepsy has only begun. The dosage must be maintained for as long a time as possible without intoxication. Only so much bromide is effective as the tissues will absorb and hold; the longer time the greater amount they can be made to maintain the better. Not infrequently the patient is left to himself at this stage of bromide treatment, and he soon disregards the laws of hygiene, and bromide intoxication follows swiftly. The seizures occur more frequently than before and the patient's life is saved by some physician withdrawing the bromides. Cases in which the care of administering bromides is neglected, form no small part of those said to stand the bromides poorly. Epileptics taking bromides in large doses should be under the careful supervision of some competent person, and be seen by a physician at frequent intervals. While establishing the dosage for any particular case, the physician should see the patient two or three times each week; every day is better. After the individual regimen is established thoroughly, the patient may go two or three months without a consultation. Not infrequently after the bromide dosage has been adjusted to the seizure level, epileptics will soon surprise the physician by having two or three seizures just as the active or second phase of treatment is begun. The explanation is simply this: the patient, from being a passive agent, from living a sedentary life, is started on an active out-of-door life for the establishment of a real and permanent cure if possible. The patient's bodily activity increases and hastens the elimination of the bromide salts, and the seizures recur. Add 15 to 30 grains to the dose in changing the patient from a sedentary to an active outof-door life.

Of late when cases will not stand the bromide salts in high dosage, I give bromide in the following simple formula:

Ten per cent. Bromine: R Ol. sesamum, zix; Bromine, pure, zi. M. S.—

3ss. night and morning; increase as directed.

Or, in this emulsion, which I have found both more highly nutritive and sedative:

Emulsion of Bromine: R Ol. sesamum, zviii; Gum acacia gran., zii; Syr. simplex, 3ii; Ol. Gaultheria, mlx; Aqua, 3vi. M. Ft.—Emulsio. Add bromine, pure, gr. deceelx. S.—3ss. night and morning, increase as directed.

(Sample of emulsion submitted.)

Or it may be combined in this emulsion with potassium bromide, in order that the pure bromide will not be lost by fuming. The vegetable oil may be changed for

pure Norwegian cod liver oil: Emulsion of Bromine, modified: Gum. acacia gran., 3ii; Ol. sesamum or ol. morrhuæ, 3viii; Aqua, 3vi; Ol. Gaultheria, mlx. M. Ft.—Emulsio. bromine, pure, grs. dececlx. Potass. bromide, grs. cccclxxx. 3ss. bromine, grs. Potass. bromide, grs. xv. S.—3ss. night and morning, and increase as directed.

(Sample of emulsion submitted.)

Bromine given in this manner is less irritating to the intestinal tract, is not con stipating, is markedly less toxic, and seems to be much more lasting in its effects. should be given a more extensive trial, especially where the single or combine bromide salts fail. In making the bromine mixture the druggist needs to be quick in adding the bromine to prevent loss from fuming. In giving bromine, please consider one grain by weight of bromine as equal to two grains of bromine salts from a therapeutic standpoint.

I have reserved to the last to speak of what I regard as without doubt the greatest adjuvant to the bromides discovered in recent years. It is a method which I am now using successfully on several epileptic patients, and which is known technically as hypochlorisation or salt starva-This method was brought forward by Toulouse last year, who reported a series of very successful trials and more recently several continental physicians have reported favorably. Its rationale is simply that bromine can substitue chlorine in the tissue. Experiments upon dogs and cats fed for ten days upon bromine, showed that more bromine could be procured from their remains than chlorine. In the kidneys and bone marrow the proportion was

two to one. Bromine is not a foreign substance, but a true mineral constituent of the body; when discontinued it is replaced by alimentary chlorine and requires about four months for its complete elimination. It is therefore evident that bromine may partly replace chlorine chemically and physiologically as well. Linossier, a French neurologist, in investigating the subject upon animals found that in the gastric juice the chlorhydric acid could be replaced by bromhydric acid. Thus, it is seen that we have a good basis for the clinical fact that when an epiliptic is under salt starvation, the bromides are more greedily absorbed in the tissues. It is always the amount of bromides which the tissues will hold that determines the efficacy of the bromide medication; therefore we can at once see how very important this method is in the treatment of epilepsy. Nearly all epileptics are very fond of salt, and eat large quantities of it, and in consequence it is difficult to get many of them to undergo voluntary deprivation of salt. So a semi-starvation of salt is about all that can be expected from them. One of the best and easiest ways of carrying out this adjuvant of the bromides, is the establishment of a milk diet with occasional removals to a mild salt diet. For a long time it has been known that a milk diet assists much in lessening the formation of toxic substances in the alimentary tract. To aid in the carrying out of the salt starvation treatment, in which a relapsing diet is necessary, or an accompanying semistarvation diet is desired, I have modified Toulouse's daily dietary so as to give the following:

Breakfast.—Milk, one pint.

Lunch.—Two cakes made of eggs, farina, milk and sugar; coffee.

Dinner.—Bouillon, unsalted; beef, unsalted; potatoes.

Supper.—Porridge made with farina,

sugar, boiling milk, etc.

By this method we can reduce the usual amount of bromides one-half and still get the same results while lessening the chance of bromide poisoning one-half. The economy of this method is obvious both in epilepsy and other diseases where sedation is needed over a long period of time. Many practical points still remain unsolved in hypochlorisation, but sufficient has been proven to warrant us in giving the method extended trial in connection with the bromide treatment in epilepsy.

These large doses of bromide should be continued for several weeks after the seizures stop; then week by week, reduce the bromides fifteen grains per week, until you get to the seizure level again and let that dosage remain to suppress the convulsions. Then, and not until then, can we consider our patient free from the first phase of hospital treatment. Arrangement should now be made for daily exercise, school, manual training, and other occupations of life, preferably in the country and at agricultural pursuits; physical activity should be maintained for several hours daily.

Some illustrative cases under high dosage of bromides may be cited here. The cases where either those that had not been helped by bromides or other medication, or, those in whom bromides were not given to the point of desired therapeutic effect, on account of a rapid and dangerous toxicity developing. Precautions enumerated in this paper were not undertaken heretofore.

Girl, Seventeen Years Old; CASE I. Idiopathic Epileptic; Ordinary Medication Did Not Influence Seizures.—Had on an average 250 grand mal and petit mal attacks per month. Bromides were given according to the methods stated in this paper. The seizures were not modified until 200 grains daily were taken; then they occurred 40 times per month; the next month on 300 grains they dropped to four attacks, and under 480 grains daily the attacks ceased altogether. Patient has had only a half dozen slight losses of consciousness for the past eighteen months. She is now taking 240 grains daily, and is in excellent bodily and mental health, has grown five inches taller, and gained twelve pounds in weight during the past year. Although bromides are counted unhygienic, the seizures in this case must have been very detrimental to growth and development.

CASE II. Traumatic Epileptic; Trephined.—Epilepsy continued and all drugs, including ordinary doses of bromides, failed. Patient had twelve to fourteen grand mal seizures per month. Bromides were gradually given until 280 grains per day were taken. The seizures ceased entirely and have not showed themselves for six months. Patient is improving mentally and physically—is practically a new man. He takes 180 grains daily and shows no bromide intoxication, not even a facial acne.

Man, Twenty-six Years CASE III. Old, an Idiopathic Epileptic with Psychical Seizures Consisting of but Momentary Losses of Consciousness; Never Had Convulsions.—Epileptic for twenty years; had never found a remedy that could affect the regular periodicity of the psychical series until placed on bromides. He is now on 160 grains daily and has had no attacks whatever for over four months. There has been a very remarkable improvement physically and mentally. Slight facial acne and general bromic toxicity occurred two or three times, but were easily corrected. No one would now know that this patient ever had taken or was now taking bromides by his facial or general appearance.

In conclusion I would summarize as fol-

lows:

1. Bromides still hold a very important place in epileptic treatment.

2. Tonics must be given constantly

while administering bromides.

3. Bromide salts should be given gradually to find the epileptic's sedative level.

- 4. Baths, high enemas, alimentary antiseptics, massage and electricity are absolutely essential to successful bromide medication.
- 5. Bromine is a worthy successor to the bromides in many cases.
- 6. Salt starvation or semi-salt starvation is a great adjuvant to the bromide treatment.

#### ANTITOXIN IN DIPHTHERIA.

BY DR. EDWIN ROSENTHAL,

Chairman of the Section on Diseases of Children, at the fifty-first annual meeting of the American Medical Association, held at Atlantic City, N. J., June 5 to 8, 1900.

Antitoxin owes its present standing to the honest investigations of the pediatrist. While many reports were received from numerous independent workers, and discussions were frequent in medical associations, no substantial results were obtained until collective investigations showed the truth or falsty of its specific value. The investigations are still too new, and their value is too well known, to repeat them, but they are sufficient to show that such work was of the greatest importance. For the purpose of demonstrating the value of antitoxin, and to find out if it still retained its original virtues, I addressed, early in January of this year, a communication to some 4,000 teachers and practitioners in medicine in this and other countries. Briefly, I wished to obtain information as to the following:

1. What is the protective or immunizing value of diphtheria antitoxin?

2. What have been the results in general (private) practice with it?

3. What influence has antitoxin ex-

erted on the mortality records?

The unanimity of evidence retained regarding the value of antitoxin has been most remarkable. I shall not attempt to give a full data from the replies, but will briefly summarize:

I received many reprints and direct communications upon this question alone, and the consensus of opinion can be summarized thus: Antitoxin prevents diphtheria; if given early enough and in sufficient dosage, it prevents the appearance of the disease. If the serum be given as an immunizing agent, it will modify, that is, prevent a graver manifestation of the malady. If immunization be practiced, and the dosage be sufficient, that is, the disease becomes manifest, it permits the application of a remedial dose, thereby preventing a more serious type. The statistical evidence was both pertinent and numerous.

A very practical point brought out was the dosage. This was somewhat larger than we were led to believe. Five hundred units should be the dose, except in cases that have been exposed for a number of days or where the vitality or strength is seriously impaired, and natural immunity consequently nil. In such cases, irrespective of age, from 750 to 1,000 units is a more certain prophylactic.

I was deeply impressed in receiving letters from physicians who have contended with serious epidemics of diphtheria, and learned from practical experience the changes brought about since the advent of antitoxin. I may add that some of my correspondents have given informaton regarding other plans of treatment, with results, and that if a complete compilation were made, the general result would be

conspicuously in favor of antitoxin. My replies were of three kinds: One set I should class as consultants, teachers or writers on this subject; the second set were from active family doctors, and the third were from those connected with hospitals or other institutions in which diphtheria was treated. As the first and last class could not accurately answer the questions above, I gleaned the results only of active practitioners, which are herewith presented:

Total number of physicians report-	
ing	673
Number favorable to antitoxin	622
Number expressing no opinion	26
Number opposed to antitoxin	5
ANTITOXIN CASES.	

Total number of cases of diphtheria
reported
Recoveries
Percentage of mortality 5.23

The results as given are perhaps a repetition of what is now universally known. This, however, teaches us that antitoxin still retains its position, and that the results of its use are no different now from what they were at the beginning. I might add that some of my replies were simply a sentence placed at the end of the letter of inquiry, short and to the point. An example of many is as follows: "No question for further debate; its position is settled."

One hundred and fifty-seven cities replied. Of these, the reports from France, Italy, Germany and Hungary were the most complete. I am especially indebted to Egidi, of Rome; Trumpp, of Munich; Bokay, of Budapest, for valuable statistics. A summary reveals the following figures:

The latter were not all treated with serum; in computing the cases treated with serum only, the mortality was 9.8 per cent.

Of the method of using antitoxin, the favorable, never administer less than 1,500 units. Where, however, the "laryngeal" form threatens, it is never advisable to

employ less than 2,000 units. Should the type of the disease be severe, 2,000 units should be the minimum commencing dose. In every instance where favorable action does not manifest itself in six to eight hours, a second injection should be made of double the number of units of the primary injection, and the treatment should be continued until effects are obtained.

#### MECHANICAL EFFECTS OF NASAL OB-STRUCTION.

BY FRANK A. MORRISON, M. D., OF INDIANAPOLIS, Professor of Physiology in the Medical College of Indiana.

For the purpose of determining the mechanical effect upon the ear, nose and throat of obstruction to the normal course of respiration through the nose, I undertook a series of experiments in the physiological laboratory of the Medical College of Indiana. I found the ordinary methods of tambour tracing upon a slowly revolving kymograph were, to my mind, inaccurate, giving, in many instances, negative results, by reason of the friction of the point of the recording lever on the revolving cylinder, while the elastic diaphragm of the tambour clearly indicated to the eye that changes in pressure were taking place. In order to meet this I constructed some especially light aluminum levers and arranged the tambour with very thin but highly elastic rubber diaphragms and produced, instead of kymographic tracings, "shadowgraphs" of the moving lever upon a sheet of white cardboard by concentrating an electric light upon the point of the lever. Following is a summary of the experiments and conclusions:

With the mouth tightly closed each ventricular systole is accompanied by a distinct but slight fluctuation of pressure in the buccal cavity. Quiet respiration through the nose has little effect upon pressure in the mouth, indeed, very little more than the normal heart beat. During respiration through the widely open mouth not exceeding eighteen or twenty efforts per minute, no change in pressure occurs. If the orifice of the mouth be slowly contracted negative pressure is gradually developed in inspiration and increases with the diminution of the size of the oral orifice until this opening

is closed when it abruptly falls to the normal. But if the mouth be opened widely and the respirations be increased to thirty-six per minute marked negative pressure persists in inspiration.

In the nose, with the absence of obstruction and with the mouth closed, a very slight negative pressure is developed in inspiration and a still slighter positive pressure in expiration.

In the ear no appreciable change of pressure was noted.

Modifications of the above due to nasal obstruction. If one nostril be slowly occluded, while the mouth remains closed, negative mouth pressure rapidly increases and becomes very marked when a sense of dyspnœa leads to increase of respiratory effort. If one resists the feeling of dyspnæa and breathes slowly such increase does not occur. If during occlusion of one nostril the mouth be lightly opened negative pressure still persists but slightly di-Repeating aloud some words minished. very rapidly until "out of breath" and then taking the usual sudden deep inspiration with one nostril occluded develops greatly exaggerated negative mouth pressure.

In the nose. Occlusion of one nostril induces high negative pressure during inspiration, which is increased if the other nostril be partly occluded. If both nostrils are completely closed no such fluctuation in pressure takes place. When high negative pressure is developed in the nose by occlusion of the nostril this is only very slightly relieved by opening the mouth.

Upon the ear drums. When sufficient obstruction is produced in the nostril to lead to mouth breathing or labored attempts at nose breathing fluctuations in pressure take place in the middle ear.

Conclusion. In a state of health very little negative pressure of "suction force" is developed in either mouth or nose; certainly not enough to affect the blood supply. No change in pressure is developed in the ears.

With rapid breathing negative pressure slightly increases in both nose and mouth, but not to an injurious degree. With marked obstruction to the nostril greatly increased negative pressure is found in both nose and mouth and a slight fluctuation in the ear drum is discernable. This negative pressure is further increased by any effort leading to exaggerated respirations such as speaking, singing, muscular exertion, etc. Under these circumstances such negative pressure cannot be entirely overcome even by the help of ordinary "mouth breathing," as the mouth must be widely open to restore the pressure to the normal.

It would appear from the above that early relief from nasal obstruction is demanded. Before the patient becomes a "mouth breather" every inspiration has been acting as a cupping glass upon the nasal and naso-pharyngeal membrane and the cupping action is not relieved when the lips are parted to the extent that they are in the ordinary "mouth breather."

207 North Alabama St.

#### MISCELLANY.

### Professor Robert Koch's Investigations on Malaria.

Professor Koch, having become thoroughly convinced that the mosquito acts as the intermediate host of the malarial parasite of man, was recently detailed by the German government to make a thorough investigation of the subject, and to report on the best manner of combating this disease. All told, the government has spent upwards of \$30,000, and the report is full of interest to all inhabitants living in a country where ma-

larial fever prevails. It must be remembered, however, that Ronald Ross, an English army surgeon working in India, was the first to prove (in August, 1897) that the spotted winged mosquito, genus anopheles, acts as this host, and the work of Koch and his expedition only goes to confirm the discovery of Ross. As is known, it is the contention of those who have done most work on the question that malarial fever is contracted in only one way, and that is through the bite of infected mosquitos, or mosquitos which have previously bitten persons suffering with malarial fever. Mosquitos simply carry the spores of malaria fever in their salivary glands, and it acts as the intermediate host for them in the same way as swine for the parasites of trichina; the tseste fly for the tseste disease; and the tick for Texas fever of cattle. In none of these hosts do the parasites give rise to any manifestations of disease; and the tick for Texas fever of cat-Another important point is that the anopheles will always remain harmless provided it does not bite a person afflicted with malarial fever.

The first report made by Koch to the German government dealt with the subject of malaria as determined by an investigation of the disease in the district of Rome and its vicinity. The full details of this report appear to have not been translated. All of the subsequent reports were first printed in the Deutsche Medicinische Wochenschrift and subsequently in the British Medical Journal for 1900 in the issue of February 10th, May 12th, June 30th, September 1st and November 24th

The second report speaks of the malarial expedition under the direction of Koch in the Dutch Indies, where he arrived (Batavia) on September 21, 1899. The work began soon after his arrival, in the laboratory of the Military Hospital at Weltewreden, where cases of malarial fever were sent by the medical officer, Dr. de Freytag. It was found that in the town of Batavia malarial fever had diminished to a certain extent, which was due to the gratuitous distribution of quinin by the government of Germany. This town obtains its water supply from artesian wells, but this water supply it was thought could have no effect on the diminution of the number of cases of malarial fever, since in the malaria-haunted harbors of Batavia at Tandjonk Priok. which is surrounded by marshes, malaria has not abated, although it also gets its water from artesian wells.

The expedition secured ourang-outangs and three specimens of hylobates agilis, and one of hylobates syndactylus. These animals received injections of blood obtained from a case of tertian malarial fever, and subsequently as many infective experiments as possible, but none of them contracted the disease, and hence the conclusion was reached that if these animals, high in the scale of the animal kingdom, would not contract malarial fever, could not be well supposed that other animals more remote from man can harbor human malarial parasites. therefore, remains the only bearer of this parasite—a fact of the greatest importance in regard to the prophylaxis of malaria.

Children are peculiarly susceptible to malarial fever. In one village of mid Java it was found that the adults remained apparently healthy, but among 86 children examined, 8 showed malarial parasites. This prevalence in the case of children is explained on the grounds that adults go through the disease during childhood, hence escape infection to a greater degree in later life. In another locality, of 141 children examined, 12 per cent. were malarious, while in another locality, of 189, 22.8 were malarious.

By examining the blood of children an absolutely trustworthy knowledge of the prevalence of malaria in a given community may be determined.

The expedition then went to Tosari in Java, where no mosquitos exist, and after examining 82 children, not one was found to have malaria.

Members of the expedition learned from experienced practitioners in Java that in regions where there were no mosquitos that no endemic cases of malaria could be found, hence these results confirmed the law—where there are no mosquitos there is no endemic malaria.

Among 51 cases of malaria in Batavia and Ambarawa, 8 per cent. were quartan, 45 per cent. were tertian, and 47 per cent. tropical fever (estivo-autumnal fever). On the contrary, in East Africa, where similar examinations were made, 89 per cent. were tropic fever.

This, the third report made by Koch, begins by giving a detailed account of the investigation of the question around Stephansport, in German New Guinea. Here the investigations commenced in January (1900), and it was found that 21.4 per cent. of the population had malarial fever. This applies only to cases in which parasites were found in the blood. Speaking generally, there are no places absolutely free from imported malaria, since a man who has been infected in a malarious region may suffer from the disease, not merely for months, but for years, and may carry it about everywhere.

Studies carried on here regarding the prevalence of the disease among children confirmed the results obtained in Java, that a place in which a considerable number of children are found free from malaria must be free from endemic malaria.

Altitude apparently exerts no influence over malaria. For instance Solkaboemi, which is free from malaria, is at a height of 602 meters above the sea level, while Bandoeng, which is grievously afflicted, is at a height of 1,000 meters.

The expedition it is believed for the first time gathered tables showing the natural immunity enjoyed by inhabitants of malarious regions. The fact of acquired immunity was first observed in Java and further confirmed in the two New Guinea villages, Bogadjim and Bongu. In the former village those persons who had passed the fifth year, not one at the time examined had malaria fever, while among the infants it was found abundantly. In Bongu the experience was exactly similar except that in the latter place certain cases were found in the children up to 10 years of age. If in these instances only the blood from adults had been searched, erroneous conclusions might have been reached.

Immigrants coming from non-malarious regions are in exactly the same position as children born in a malarious counbecome quickly infected. They European settlers sicken with malaria as a rule, within the first three or four weeks; it is seldom longer delayed.

Among Chinese who have been engaged from 1891 to 1896, only 4.6 per cent. had malaria, while of another colony engaged in September and December, 1898, showed that 41 to 42 per cent. suffered with the disease. After three or four years it was found that an unmistakable degree of immunity developed the same as in the case

of children.

If the view be correct that the human malarial parasite is confined only to mankind, and not transferable to other animals, it must be possible that by destroying the parasites in the body of man to thus get rid of the disease.

A person is never free from malarial fever until no further relapses occur.

The most active remedy to destroy the malarial parasites and to prevent relapses Fifteen grains of quinin (in is quinin. fractional doses) is to be given the sufferer from malaria in the febrile intervals. therefore almost always in the morning hours until the malarial parasites have disappeared from the blood, then follows an interval of seven days, then again 15 grains on each of two successive days; then another seven days' interval; again two days' drugging with quinin, and so on for at least two months. In the instances in which this line of treatment was carried out there were but few relapses, although the anopheles abounded and the patients were subsequently engaged in the upturning of soil, cleaning out ditches full of mud, etc.

The fourth report, dated from Stephansort, April 28, 1900, deals with this subject. In this report Koch speaks of the period intervening between this date and the third report, the work of which was done during January and February of the same year. In the third report the statement was made that he had tried to destroy the malarial parasites in man, and in this way, hoping to bring about the disappearance of malaria in those regions. Favorable results had been obtained. In this the fourth report, he was able to state that this result has not been transient, as shown by the following figures:

Patients suffering with malarial fever were admitted to the hospital for colored people at Stephansort as follows: Chinese-January, 13; February, 6; March, 3; April, 1. Malays-January, 6; February, 5; March, 2; April, 1.

Malaria had, therefore, actually been reduced to a minimum in Stephansort, and at this, a time of year which, according to former years, is most favorable in respect to malaria. Beginning in November and December, the rainy season, malaraia begins to increase, reaching its highest point in March and April, and subsiding in May. This year, owing to these measures, malaria, for the first time, exhibited an entirely different behavior. At this time there was no lack of mosquitos, especially anopheles. Most cases which showed a tendency to relapse were found to be the quartan type. At times new cases of malarial fever would be introduced by coolies coming from other localities.

The condition of the children at Stephansort was particularly noteworthy. Formerly, if they were not immediately taken to other districts, they were always killed off by malaria; but later, three children placed under treatment all recovered. Prophylactic Use of Quinin.—The same measures which answered so brilliantly in the treatment of malaria have also proved very useful for purposes of praphylaxis, as shown by the following: of coolies who came from the Gardner Islands, 47.7 per cent. were affected immediately upon their arrival. Those who have remained well had been taking quinin prophylactically, and not one of them contracted malarial fever.

In February, a number went to Friedrich-Wilhelmsafen. About one-half of them took quinin, while the others did not. The former remained well; of the latter, all fell ill with the disease with the exception of one woman.

The two members of the malaria expedition regularly carried out the prophylactic use of quinin and at the end of four months neither had contracted malaria.

Koch draws close attention to the dangers arising from the chronic and mild cases of malarial fever, for these varieties are of the utmost importance in its eradication. It is held that the reason malaria shows an increase in the spring is due to the fact that many cases who believe themselves cured still carry the germs in the blood throughout the winter and upon the activity of the anopheles the next spring, malaria is thus spread Cases in the chronic stage of broadcast. malaria are to be found in which after a number of relapses the familiar symptoms become less and less marked. Pronounced attacks of fever occur only exceptionally or not at all. Patients of this description no longer feel themselves obliged to go to the doctor, so that the latter, if he does not make inquiries, generally learns nothing about such cases.

Besides the chronic cases, Koch believed that he had seen others which run so mild a course that they never reach the point of development of distinct clinical symptoms, and therefore could only be diagnosed correctly by an examination of the blood. Ross calculates that it requires the presence of 250,000,000 malarial parasites in the blood to produce a paroxysm of fever. In this respect malaria behaves just like the specific epidemic diseases, cholera, plague, etc., and as with these it is precisely the slight cases which are found by experience to

require the greatest attention in combatting the scourge. If one confined one's attention to those patients who go of their own accord to the doctor, one would remove only a fraction of the malarial parasites. There remains, therefore, no other course than to subject all persons who are in any way liable to harbor malaria parasites, and above all, children and recent immigrants, to blood examination from time to time in order, as far as possible, to discover all hidden cases and render them harmless.

After all these experiences Koch asserts that we are in a position by means of the procedure which he has described, to make every malarious region according to circumstances wholly or nearly free from malaria.

Koch afterwards visited Finchafen and the nearby villages and regions along the Huon Gulf to Cape Parsee and on Manlort Island without finding any cases of malaria. The same held true for Aramut Island, where only a small number of children could be procured for a blood examination, but he met with no case of malaria.

It appeared therefore that the disease had not yet reached those regions. They nowise differ in regard to climate, soil, vegetation and water from the other islands, for instance the Tami Islands, which are malarious.

On the Deslac Island, a group of the French Islands, blood specimens from a number of children were obtained and in this way the diagnosis previously made at a distance was confirmed.

The fifth report is dated Stephansort, New Guinea, June 15, 1900. During the last two previous months malaria at Stephansort had continued to remain at the low level described in the fourth report, although the climate had been particularly favorable for the development of the disease. Malaria in the tropics, as we know, is especially prevalent at the change of the seasons, both that from the dry to the rainy season, and vice versa. changeable weather had caused no increase of malaria. In May only three cases had been admitted to the hospital, and for the first half of June only one. All four cases were relapses of the quartan fever, the mildest, but most obstinate form of the disease.

The results obtained by this system of eradicating the disease adopted by Koch were quite enough to prove that the hypothesis on which he entered upon these researches were correct. They indicated the principles on which a campaign against malaria is to be conducted.

The prospect of exterminating the mosquito—a radical measure were it feasible—seemed to him remote. Mosquito netting offer some protection against mosquitos and against malaria. Another method is to keep off mosquitos by applying to the skin certain essential oils, which, in course of time, are apt to be injurious to the person, but the best manner of getting rid of the disease is to search out all cases suffering with malaria, diagnosed by a blood examination, and to cure them by the administration of quinine.

The sixth and last report of the malarial expedition speaks of the investigations carried on during August on the Caroline and Marianne Islands. At Ponape, Colonia and other places on the Marianne Islands 79 children were examined without finding any cases in which there was enlarged spleen or parasites in the blood of those examined, and hence Koch concluded that these districts were free from malaria.

At Siahan, among 24 children examined, no case of malaria was found, therefore this island, too, was free from this affection.

Among the many persons pointed out to him as suffering from syphilis, lupus and leprosy there were none actually afflicted with such disease. What had been mistaken for them was frambesia, called by the English yaws. It is widespread in the South Sea, and is often mistaken for syphilis.

Proceeding from Hong Kong to Suez the expedition made a short stay in Egypt. Several endemic cases of malaria were found in Alexandria so that a genuine focus is to be found here. Other cases were found in Helouan near Cairo, and at Wadi Natrum west of the Nile Delta in the middle of the desert. Ross explains the existence of malaria in deserts, on the grounds that the cases are to be found adjacent to cases where water and hence anopheles abound.

(Abstract by Dr. Albert Waldert, of

Philadelphia, Pa. Published in the New Orleans Medical and Surgical Journal for February, 1901.)

## Conclusions Formed After Six Years' Experience with the Antitoxin Treatment of Diphtheria.

H. F. Koester reports the result of antitoxin used in 170 cases of diphtheria seen in private practice. Only five of the number died. Only three per cent. of the cases were in adults. The treatment is more humane than the old antiseptic, caustic Results are had quickly and method. there is now not the slow convalescence of the disease treated in the old way. The writer believes if the case is seen in the first forty-eight hours the antitoxin treatment properly applied promises a recovery in forty-eight hours more. Every physician should have an antitoxin syringe. Not less than 2,000 units should be used and that in very mild cases. In severe cases 3,000 units should be used, repeated in from twelve to twenty-four hours. Age is not to be considered, simply the severity and length of time in the disease. The small dose (2,000 units) is only to be used in tonsillar cases. If the uvula and pharynx are involved 3,000 to 4,000 units should be used. If the nares are implicated use 4,000 to 5,000. In diphtheretic croup 4,500 to 6,000 units are indicated and we would be ready to intubate. Antitoxin being a specific, no other treatment is needed in cases seen early or moderately mild. For those seen late with much discharge use a 25 per cent. solution of hydrogen peroxide. Use a boracic solution in the nose. Internally strychnin is needed as a cardiac tonic.—St. Louis Medical Review

#### The Queen's Physicians.

The review of the reign of Queen Victoria has brought home to medical men the great interest which she has always manifested in the medical profession, and in the development of medical science. Throughout her long life she has drawn around her physicians who were making their mark in medicine, and likewise those who had attained eminence in medical science. They included such well-known men as Sir James Clark, who was physician-in-ordinary to the Queen from the

time of her accession to the throne until 1860. In 1862 Sir William Jenner succeeded to this office, retaining the position for many years.

During her reign of more than sixty years great advances had been made in scientific medicine. The late Queen gave her implicit confidences to her medical advisers; she was the first British monarch to submit to vaccination, and the first to be submitted to anæsthesia at a time when prejudice withheld this boon from women in their hour of nature's need; on antiseptic surgery she set her seal by granting to Lister the highest dignity ever conferred on a medical man as such; in sanitary science her interest was shown, when cholera threatened, by her keen interest in the preautions taken under the superintendence of the late Sir R. Thorne.

Sir James Reed and Douglas Powell, who, with Sir Thomas Barlow, had charge of the Queen during her last illness, are favorably known, not only in England but in other parts of the world. The first of these has been physician-in-ordinary since 1889. Sir Charles Locock, who was born in 1799 and died in 1875, was the Queen's obstetrician. The list of physicians and surgeons connected with the medical department of the Queen's household included at the time of her death the following:

Sir Edward Henry Sieveking. Sir Alfred Baring Garrod, Sir Samuel Wilks, Sir William Henry Broadbent, J. E. Pollack, M. D., Sir Thomas Barlow, Lord Lister, Sir T. Smith, T. Bryant, F. Treves and Rickman J. Godlee.

#### The Education of Educators.

Not very long ago, in connection with the examination for medical degree in one of the British universities, it was remarked by some one in authority that examiners ought to be "angels from heaven." Probably the authority in question meant in wisdom and graces rather than in the possession of special medical knowledge. A similar idea must have entered not infrequently the minds of parents, guardians, and all who have charge over the young, including boarding school teachers. There is a real need, not so acutely felt as it should be, for the education of the educators, particularly in

physiological matters. It is said, with a wise neglect of mathematical accuracy, that every child who is brought to a hospital on account of chorea has received physical punishment on at least three separate occasions—once for general restlessness and naughtiness, again for breaking crockery, and a third time for making faces at his grandmother. How often has an unfortunate child suffering from nocturnal enuresis been subjected to active discipline on account of a supposed moral defect termed laziness, when the real defect that needed a direct remedy was the over-acid condition of the urinary secretion. How often has physical castigation, including all sorts of torture, been applied by affectionate friends to so-called hysterical children, who were really passing through a post-epileptic automatic state. It has been said, somewhat dogmatically perhaps, that if we knew everything we should forgive everything. And it may equally well be said that if we knew everything we should actually punish the ordinary child little or none at all. Dr. Savage has recently referred to the saying of Sir Samuel Wilks, who, when called in consultation to see an imbecile child who had been given all sorts of medicine, some presumably atrocious in flavor, by the conscientious person in attendance, asked if it was expected thereby to produce an additional cortical convolution. One of the early steps in the wise education of children is to recognize their limitations before exhibiting moral treatment.—British Medical Journal.

#### The Ideal Physician.

The ideal physician is a member of a learned guild. He should be above the tricks and petty jealousies of trade. True, he lives by his profession, but he who practices for gain is only a hireling and not a true shepherd of the sheep. If you would attain, therefore, to this professional idea, you must be a constant student, keeping abreast of that scientific progress of which in your community you must be the exponent. You must not be satisfied with the knowledge which you now possess, but you must read, especially, the medical journals, or you will be left behind in this day of rapid progress. You must know not only your own

language, but must be familiar, at least by a reading knowledge, with French and German, and if possible with other tongues. He who knows two languages is twice the man he was when he knew only one.—Keen, in *Clinical Review*.

#### The Treatment of Syphilis.

The writer states that when his attention was called to mercurolas an antiseptic of special value in the treament of gonorrhea, it occurred to him that it would be a firstclass preparation for the treatment of syphilis. Some time was necessarily spent in determining the proper dosage. At first one-eighth of a grain was given three times daily, and this dose was gradually increased until it was found that three grains was the average quantity required to control the malady. The highest amount given was seven grains and the lowest amount that exerted a controlling influence upon the disease was one-half grain. In starting a patient on a course of Mercurol the author advises beginning with half-grain or grain doses. Salivation has been produced by two grains, and yet as much as six grains have been taken with no disagreeable symptoms.

There are twenty-five cases that have been sufficiently long and regular in their attendance to supply data from which definite conclusions may be deducted. The detailed histories of these twenty-five cases are included in the paper. In summarizing the author remarks that while two months' treatment of syphilis is insufficient to determine absolutely the value of any remedy, the marked improvement shown by many of his cases makes it certain that mercurol is of great value.

(Winfield Ayres, M. D., New York City. Abstracted from the author's original paper in the *Philadelphia Medical Journal*, November 10, 1900.)

## Proper Methods of Handling Milk for Infant Feeding.

On a brief and practical paper the author asserts that clean milk is far more important than any amount of modification, and he believes that such milk certainly can be procured in all the large cities. Such a milk is far better than cooked milk. The methods in use at a certain Illinois farm are then detailed. The author is convinced that sterilization is simply a bridging over of faults that should not have been committed. After trying a raw milk with the infants of the poor during a terribly hot season, and after having seen what can be done toward the preparation of a clean, pure milk, the author would banish forever sterilization or pasteurization on the same ground that he would banish formaldehyde or any milk preservative—on the ground that they re both injurious and unnecessary.

The above is from the New York Medical Journal of February 9th. The author, Dr. Palmer, was in Indianapolis in mid-February advancing the interests of the Chicago Clinic, of which he is editor and proprietor. The Clinic is the organ of the Chicago Clinical School, and is greatly improved under the present management.

#### An Important Legal Decision: Physicians not Liable When They Act in Good Faith.

According to the Journal of the American Medical Association for October 27th, the Supreme Court of Massachusetts, in full bench, has given out a decision that is of the greatest interest and importance to medical men. It holds that physicians under the Massachusetts statutes are not liable for negligence in erroneously certifying a person as insane or inebriate, provided they do so in good faith and without malice. Even if their examination was a careless one their action was not the proximate cause of the commitment, as a judge must, under the statutes, determine that; and, secondly, should, in accordance with public policy, be, like other witnesses, considered privileged and protected against liability as long as they act in good faith and without malice. The opinion, says the Journal, was a majority one, but, while not unanimous, it is sufficient to protect Massachusetts physicians from vindictive damage suits and may be a valuable legal preceelsewhere.—New York Medical Journal of November 17, 1900.

#### In Lighter Vein.

A doctor once presented himself at the Golden Gates for admission, and Saint Peter agreed if he could pick out Adam and Eve from the assembled angels. The

doctor looked around and soon found his progenitors. Peter was puzzled, and asked how he recognized the first couple. "Oh!" said the doctor, "that is quite easy; they are the only ones without an umbellicus."—Indian Lancet.

The following gem is taken from the Cleveland Medical Gazette:

"Mamma, what's twins?" asked the smallest child.

"I know," replied the older one, before the mother could answer. "Twins is two babies just the same age. Three babies are triplets, four are quadrupeds, and five are centipedes."

"I don't like your heart action," the doctor said, applying the stethoscope again. "You have had some trouble with angina pectoris."

"You're partly right, doctor," sheepishly answered the young man. "Only that ain't her name."—Chicago Tribune.

A prominent scientist was telling the story of Pandora's box to his little son. He was telling it with all possible dramatic effect. "And slowly lifted that lid and peeped within, and then, what do you think came out?" "Germs!" cried his little son, promptly.—Saturday Evening Post.

A certain Boston lady was visiting in Chicago a few years ago, and the Chicago lady while arranging to give a large reception in honor of her guest, suggested that, in the meantime, they attend some of the lectures that were to be heard at that time, and of course the Boston lady was delighted. The first night she listened to Ignatius Donnelly, the second night, Robert G. Ingersoll, and the third night Jeaness Miller on dress reform. The Chicago lady felt that she was doing the right thing by her guest until the next morning, when she was informed that the Boston lady was up stairs packing her trunks and preparing to depart for home. "And pray what is the matter?" said the hostess. The guest replied, "Well, Monday night I lost my Shakespeare, Tuesday night I lost my God, and last night I lost my underclothes, and it is time I were going home."

# MEDICAL OURNAL.

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#### The Pan-American Medical Congress.

The reports of the Congress show that a large number of those whose names appeared on the program were not present, particularly of physicians from the United States, only seventy-seven being present. There were twenty-six registered from Cuba and twenty-four from other American countries—less than one hundred and thirty in all. Of the twenty-two sections most were abandoned, those on general medicine, gynecology and abdominal surgery, and ophthalmology being the best The first general session, says attended. the press reports, which was dignified by the appellation "Solemn Inaugural Session," was held on Monday evening at the "Gran Teatro de Tacon," the largest theatre in Havana. The house was filled with the elite of the city, in all the glory of full dress and Spanish beauty. The meeting was presided over by Dr. Wood, the Governor-General, whose few choice words of welcome were the only ones spoken in the English language. The Secretary-General made his report, and the President of the Congress, Dr. Fernandes, delivered an address of welcome occupying about twenty

minutes. Then followed the principal address of the evening, an hour long, by Dr. Eusebio Hernandez, the subject being obstetrics, certainly not a very appropriate one for a mixed audience, that is, from the point of an American. Thus the entire evening, with the exception of the five minutes by General Wood, was occupied by those speaking Spanish.

The matter of greatest interest was the consideration of the mosquito as a carrier of the organism which produces yellow fever. The theories suggested by Finley were corroborated. Of this conclusion the *Journal* of the *American Medical Association* for February 16 says editorially:

The belief is growing that insects are important, even essential factors in the etiology of certain diseases. That malaria is inseparably connected with a mosquito that acts as an intermediate agent in the dissemination of the disease, has been proved definitely by suitable experiments, and the mosquito theory of malaria is in. accord with the epidemiologic facts of Certain observations in the the disease. American typhoid camps of the Spanish-American War have brought the fly to the fore as a probable and dangerous carrier of typhoid fever. For some time past great interest has been taken in the etiology of vellow fever, and since the recent studies of Reed, Carroll and Agramonte on the role of the mosquito in this disease, additional data have been awaited with much eagerness. Important additional evidence of the etiologic importance of mosquitoes -Culex fasciatus, Fabr.—in yellow fever is given in the paper presented by these investigators at the recent Pan-American Medical Congress in Havana.

The results of the experiments support the mosquito theory of yellow fever. data are as yet rather scanty for the establishment of absolute conclusions with regard to all phases of the etiology of this disease, the specific cause of which is un-It seems well settled, however, that mosquitoes that have fed on the blood of vellow fever patients may transmit the disease to non-immunes. No one will doubt the far-reaching importance of this Some evidence is also demonstration! brought forward to show that exclusion of the intermediate host of the parasite of yellow fever renders the disease intransmissible. The results of experiments with

infected clothing and bedding must be viewed in this light. The statement that "disinfection of articles of clothing, bedding, or merchandise, supposedly contaminated by contact with those sick with this disease—yellow fever—is unnecessary," seems to go a little further than the facts warranted; for it has not yet been shown that the intermediate host might not pick up, as it were, the parasite of the disease from these contaminated materials. In the future it is possible that prevention of yellow fever may be reduced to the protection of both sick and well from the bites of Culex fasciatus, and to the destruction of this mosquito, should it be found to be the only intermediate host capable of transmission of the disease.

The same issue of the Journal contains the second joint article of Drs. Reed, Carroll and Agramonte, eight pages in length. It will, with the paper of Finlay, probably be referred to us as a classic of science for many years to come.

The next place of meeting is Buenos Ayres, in 1903. The committee representing the United States consists of Drs. C. A. L. Reed of Cincinnati, President; A. Vander Veer, Albany, Vice-President; Ramon Guiteras, New York, Secretary, and H. L. E. Johnson, Washington, D. C., Treasurer.

Resolutions were passed in memory of Dr. Wm. Peffer, who organized the Pan-American Congress and presided over the first two meetings.

#### Our Special Articles—Malaria, Yellow Fever, Epilepsy.

The Journal desires to call special attention to the articles on "Malaria," "Yellow Fever," and "The Use of Bromides in Epilepsy," in this issue. They are intensely practical. It would be a disgrace to any medical practitioner not to be able to answer, as far as scientific knowledge goes, the question of intelligent laymen who read in the secular journals the articles of Lord Lister and Surgeon-General Sternberg upon malaria and its etiology. And the press reports of the Pan-American Congress at Havana have awakened much curiosity as to the transmission of the unknown organism which produces yellow fever by mosquito bites. The physician should be able to give a resume of the experiments carried on by our military government in Cuba. The doctor who does not read some medical journal which keeps abreast of medical progress is losing his power as an educator and a practitioner, and yet it is common to see large bundles of medical journals in physicians' offices which have not been opened. This journal frequently reproduces articles of the highest merit from the original sources. Our April issue will reprint the paper of Dr. Abbe, of New York, on "Appendicitis," which, in our judgment, is by all odds the best recent discussion of this disease in its protean manifestations.

#### Life Insurance—Betting Made Beneficent.

The Mutual Benefit Life Insurance Company of Newark, New Jersey, has sent the Journal its fifty-sixth annual statement for the year 1901. This company is one of the solid old-line companies of the United States. The writer has been State Referee for the company for several vears; he has visited its Medical Board in Newark and has examined many of the best business and professional men in Indianapolis for policies. Mr. Amzi Dodd, the President of the company, has been with it from the beginning; for many years as the mathematician of the company, and the last nineteen years as President. Being a natural mathematician (and with the late Rev. Dr. Potter, the President of the Glendale Seminary for young ladies, near Cincinnati, students of the eminent Prof. Henry, of Princeton College, and for many years the Secretary of the Smithsonian Institute and discoverer of the electro-magnetic coils which made the electric telegraph and the modern dynamo possible), President Dodd has always looked upon life insurance as a stern reality rather than a maudlin sentiment—a matter of determined mathematical probabilities to be interpreted as dollars and cents in the mutual interest of both the insurer and the insured.

On this point President Dodd says:

"The great differences between the courses and results of the policies on the lives of the 1,179 who died during the year serve to exemplify the principles on which the policy contracts are based. The mathematical principles are those of the theory of chances or probabilities, developed with

scientific completeness by the mathematicians of Newton's and succeeding times. The elementary notions on which this theory is formed are the same in their application to the happenings of death among insured lives and the happenings involved in lotteries, betting and similar methods of gambling. If out of 10,000 living at any age from 20 to 96 a certain number, say 50, have been found by observation of human lives to die in the ensuing year, the chance or probability of any individual of the 1,000 dying is said to be as 1 to 20, represented by the fraction 1-20 or usually by the decimal .05, certainly being unity. This decimal very closely gives the mathematical probability of death in the ensuing year to an insured life taken at the advanced age of 68. age 25 the decimal probability is .008. By combining the decimal probabilities at each successive age with the present value of one dollar payable at every successive age to 96, which is the limit of the table, and summing all the yearly results the single premium at any age for the insurance of one dollar payable at death is ob-Mortality tables are the approximate record of knowledge derived from observing the casual order of nature. Life insurance is betting made useful. It goes to mitigate, so far as pecuniary compensations can, the evils of death from unexpected, untimely causes, illustrated in the company's yearly experience, from the lurking surprises that wait upon life from accidents of every form, from fire and flood, from the pestilence that walketh in darkness and the destruction that wasteth at noonday. It is this beneficent purpose, this equalizing mutual principle that renders the policy contract not only unlike but directly the reverse of gambling, to which in some of its mathematical processes it has a partial resemblance."

#### Central Hospital for Insane.

The JOURNAL has received the fifty-second annual report of the Board of Trustees and Superintendent (Dr. Geo. F. Edenharter) of the Central Hospital for Insane at Indianapolis, Ind. It is very valuable to the students and physicians of Indianapolis, as it contains, pages 26-29, the courses of clinical lectures on insanity given the present college term in

the amphitheater of the Pathological Department by Drs. Frank B. Wynn, Wm. B. Fletcher, Ernest C. Reyer, Albert E. Sterne, and the pathologist, Dr. Wm. Charles White, late of Johns Hopkins. These courses have been largely attended by over 200 different students and practitioners, and the courses for clinical illustration and theoretical discussion are not excelled in the Mississippi Valley.

## The Christian Scientists and the Medical Practice Acts.

We quote from the February Post Graduate a paragraph of comment upon the Christian Scientists before the New York Legislature:

"A most interesting—we were almost tempted to say ludicrous-scene was the hearing before the Legislature in reference to a law professing to define what constitutes the practice of medicine. The Christian Scientists were out in force. They snivelled and cried and prayed by turns in the legislative chamber as they informed the committee of that body what a terrible hardship would be felt by the state, in case they were deprived of their services as practitioners of medicine. We would like to imagine the lawyers and the courts, having five thousand people inspired by God, but without legal education, practicing before the various tribunals of this city. If people practice medicine they should be obliged to know the anatomy and physiology of the human body. If one set of men and women have to undergo a thorough examination on these and kindred subjects before they are allowed to take care of patients, then all people should be thus obliged or forego medical practice. Inspired plumbers, electricians, engineers and navigators and soldiers and sailors, will soon be in order. should be required to learn any calling or profession, if the art of prevention and healing of disease is not to be learned."

The same in Indiana. The bill defining medical practice so as to exclude this class unless they passed the state examination passed the Senate by one vote only. It will probably go through the house and receive Governor Durbin's signature—for he, fortunately, recognizes medicine as a science, and not a fad. It is to be regretted that our state practice act mentions

any sects or schools, as undue prominence has thus been given to sectarianism, and the fight has to be renewed before every Legislature against new medical sects. The differences of the so-called sects pertain only to interior medicine, that is to kind of drug and size of dose. And how trivial have these matters become in the last few years, with the advent of bactoriology, and the consequent asepsis and prophylexis which is now possible and in daily application. The terms Eclectic, Homeopathic, Hydra-Physio-Medical, therapist, Osteopath, Faith Cure, Christian Science, etc., should never appear in any medical laws, as all the dogmas and practices emphasized by these terms are the common property of medical usage and have been for centuries. A simple law compelling the same education for all who diagnose and treat disease is all that any commonwealth requires for the safety of its citizens. Educate the physician; let him prove his education by examination; turn him loose and let him use his sense and judgment as to the methods and details of his practice.

#### Indiana Physicians Must Have a County License in Each County in Which They Practice.

A regularly licensed physician, who removes his residence to another county, must obtain a license from the clerk of that county before practicing there, or he cannot recover payment for his professional services. The Appellate Court so held in affirming the case of Ambrose M. Mayfield v. William F. Nale.

This decision was handed down by the court February 14, 1901, and is in accord with the medical law as understood by physicians generally in Indiana.

In our complimentary notice of the elegant and convenient memorandum book sent to the profession by the Gude Pepto-Mangan people—the M. J. Breitenbach Company of New York, it is stated that there was a leaf for every day in the year, extolling the writers of the preparation. This is a printer's error; what was written, was virtues of the combination—a very different matter.

Yellow Fever; A Mosquito Borne Disease; Report of the Researches of the Government Commission in Cuba at the Pan-American Medical Congress at Havana; Dr. Jesse W-Lazear a Victim of the Bite of Stegamina (Culex) Tiniads.

It will be recalled that Dr. Walter Reed of Washington, D. C., reported at the twenty-eighth meeting of the American Public Health Association, held in Indianapolis, January 5, 1900, in a joint paper, the researches of himself, Drs. James Carroll, A. Agramonte and the late Dr. Jesse W. Lazear upon the Etiology of Yellow Fever. Surgeon-General Sternberg, it will be remembered, has persistently opposed Sanarelli's claims that the bacillus icteroides is the cause of yellow fever. Of this contention the Journal of the American Medical Association of November 3d said:

Reed and Carroll, of the U. S. Army, came to the conclusion that the bacillus icteroides is a variety of the bacillus of hog cholera. The commission of medical officers, United States Marine-Hospital Service, which studied yellow fever in Havana and elsewhere, reported favorably to Sanarelli, having succeeded in isolating the bacillus icteroides from all thecases of yellow fever studied in Havana. This commission also claimed to have discovered the manner of primary infection, namely, through the respiratory tract, but this claim did not meet with general favor among bacteriologists, as the evidence presented hardly seemed sufficient to justify the statements of the commission.

And now Surgeon Reed and his associates present a preliminary report of their investigations into the etiology of yellow fever in Cuba during the past summer. The failure to find the bacillus icteroides in the blood during the life of yellow-fever patients, as well as the failure to obtain it from the blood and the organs of yellow-fever cadavers, admit of no other reasonable interpretation than that this much-exploited organism is not the cause of yellow fever, but at the most a secondary invader, when present.

But Fanlay's theory of the propagation of yellow fever by mosquitoes receives experimental support. Mosquitoes—Culex fasciatus Fabr.—that had bitten yellow-fever patients were allowed to bite non-immune persons, and of eleven thus inoculated two developed yellow fever within the usual period of incubation and under circumstances that were not favorable for infection from other sources. One of these patients was Dr. James Carroll, acting assistant-surgeon, United States Army, and one of Dr. Reed's co-workers, who thus passes into history as another example of unselfish devotion to the cause of humanity. No less.

honor is due the young American who serves as the subject of the second experiment, as well as the other nine persons that escaped the disease thought bitten under the same circumstances. It also appears that the late Dr. Jesse W. Lazear probably acquired the fatal disease—yellow fever—through accidental infection by a mosquito, but under such conditions that the manner of his death becomes heroic. These observations are surely destined to excite renewed interest in the mosquito as the intermediate host of yellow fever. The facts at hand accord well with the observations of Henry R. Carter in regard to the period between the introduction of the first case and the development of secondary cases of yellow fever.

Renewed interest attaches to these experiments in Cuba because of the papers and discussions on the cause of yellow fever at the Pan-American Congress at Havana, February 1st to 5th of the present year.

The most important scientific development of the Congress was the report made by Dr. Reed of his experiments on yellow fever. Major Reed's request to General Leonard Wood for \$5,000 for the purpose of hiring men to submit to these experiments and to the bite of the mosquito was granted on condition that the men should be apprised of their danger and sign papers to that effect: "that it should be of their own free will in every particular, and that, in case of Spaniards, the Spanish consul's permission should be obtained." They were paid \$250 each. Major Reed's paper is printed in full in the Journal of the American Medical Association February 16th.

#### DISCUSSION.

Dr. Louis Perna, Cienfuegos, Cuba, in opening the discussion, said that it is sophism to believe that post hoc ergo propter hoc, that is to say, that as Carmona, Friere, Sanarelli and others have fallen to this error, we must not be too precipitate in accepting the result of statistics. The studies made of mosquitoes are very old. A French physician, who died about 1850, expressed the opinion that malaria, yellow fever and cholera were propagated by mosquitoes. Dr. Perna also criticised the methods employed by the commission in making experiments on human beings and is entirely opposed to such experiments.

Dr. San Martin eloquently defended, and with strong arguments, the high scien-

tific standard of the experiments as carried out by this Commission, and also brought out the point that it was not statistics but facts that this commission presented.

Dr. H. B. Holbeck, Charleston, S. C., expressed his opinion that the problem of 200 years was about to be solved, that the quarantine regulations should be greatly modified. He also described the existence of a pine belt within a short distance of Charleston, S. C., in which yellow fever never developed as an epidemic, although the afflicted therewith would go there during the existence of the epidemic in Charleston, would die from the disease and yet it would not spread. Mosquitoes are not known in that region, and probably this is the true explanation of the above fact. He concluded by emphasizing the inestimable value of these experiments if they prove to be true.

Dr. Reed, in conclusion, said he was profoundly impressed with the interest and attention given to these experiments. In regard to the moral aspect of the case, he did not think that any one appreciated the position in which he found himselfthe difficulties that beset his path. first experiment was made on a member of the board, Dr. Carroll. The senior member expected to take his bite in turn. but was unexpectedly called north. As no animal could be given the disease, and it was useless to follow the previous indefinite experiments, it was absolutely necessary to make these experiments on human subjects, or otherwise volumes could have been written and discussed and yet we would have been no nearer the truth than at first. No progress could have been made toward an exact knowledge of the disease unless human subjects had been All experiments were performed upon persons who had given their free consent.

In reference to the remarks of Dr. Holbeck, of Charleston, the disinfection of vessels should by no means be dispensed with, but only of such articles as bedding and clothing, though it is necessary to get rid of the mosquitoes, and this simplified the process of disinfection.

In regard to the remarks of Dr. Gutierrez, in reference to the name of the mosquito, Dr. Howard, of Baltimore, told him that Culex fasciatus is identical with Cu-

lex tiniads as described by Giles. Theobolt separates Culex tiniads from the genus Culex and places it in a new genus, Stegamina. These lay their eggs in a peculiar way, and there is also a difference in the anterior claws of the male insect from those of the other Culex. There is also a difference in the larva of the Culex fasciatus. It is very interesting also to note the fact that this is the very mosquito that Dr. Finlay used in his experimens, and that this particular mosquito does not belong to the genus Culex, therefore malaria has a genus of its own, Anopheles, and yellow fever the genus Stegamina.

Dr. Manuel Gutierrez, Mexico, who up to within a short time had been adverse to the theory of the transmission of this disease by mosquitoes, now accepted as incontrovertible the results of the experiments of the Commission. He followed with interest many of the experiments, and as a member of the Commission saw most of these cases, which he had no hesitation in pronouncing typical cases of yellow fever. A fact which impressed him forcibly was the absolute control of the epidemic by Dr. Reed. The cases would develop or not as he wished. He does not think that the mosquito should be called the Culex fas-Giles' description of the Culex tiniads mosquito agrees more closely than with the Culex fasciatus. He is inclined to consider them a genus apart because they lay different eggs.

#### Caustics in Cancer of the Skin.

"Treatment of Epitheliomas of the Skin," is the title of a paper by Dr. Wm. A. Posey, Professor of Dermatology in the College of Physicians and Surgeons of Chicago. His treatment is by curetting and application of pyrogallic acid; later he has preferred saturated solution of chloride of zinc. The tissue should be destroyed beyond the point of disease, and the ulcer kept clean and without scab. But why not use first the curette until hard tissue is reached; then, second, apply pure carbolic acid to prevent pain; then, third, use saturated acid nitrate of mercury well pressed in for five minutes? Then curette again, and again use the two acids. This triple method—curette, carbolic and mercury nitrate—can be followed for an hour and the entire growth removed before the

patient leaves the office. Dress with powdered acetanalide. The writer following Dr. S. Sherwell, of Brooklyn, has used this method in numerous cases with excellent results. It is only second to the actual cautery for superficial epithiliomas.

#### Pesthouse for Indianapolis.

The City Board of Health will take up the question of a pesthouse at its next meeting to be held early in March, and the members of the board hope to arrive at a definite conclusion as to what will be done The recent outbreak of in the matter. smallpox in the city and the erysipelas cases in the surgical ward at the City Hospital have brought the necessity of such a building strongly to the attention of the The last annual reports of the board and Superintendent Spencer, of the City Hospital, pointed out the necessity of such a building and the Board has decided to take up the question in earnest.

It is the desire of the board to have the City Council make an appropriation sufficient to erect a modern isolation hospital suitable to take care of all contagious diseases. Such a building would have cement walls and ceilings and floors that could be removed. The present small building on the hospital grounds could be utilized for smallpox cases and the new building would be suitable for all contagious and infectious diseases. The cost of such a building as is contemplated will be between \$8,000 and \$10,000.

#### American Medicine; Dr. Gould's New Journal.

American Medicine is the title chosen for Dr. Gould's new medical weekly, one comprehensively indicating the character of the publication as representative of American professional thought and action.

The new journal owes its inception to the expressed wishes of many physicians in all parts of the country. To test the earnestness of the profession for a journal conducted absolutely in the interests of medical science, regardless of cliques or schools or commercial interests, a preliminary letter was sent to about one-sixth of the physicians of America. The profession welcomed the plan with astonishing unanimity. Thousands of generous responses and promises of enthusiastic sup-

port warrant the establishment of the periodical. The cordial spirit of good will everywhere manifest should insure the establishment of a great independent organ which shall be thoroughly representative and of which all may be proud to count

themselves part owners.

The reading columns will not be dominated or influenced by commercial considerations. The Journal will be practical—one of daily use to the active practitioner. To this end, for example, especial attention shall be given to the department of Practical Therapeutics. Pure science and pathology in these days of research cannot be overlooked, but the detail work of daily practice, the many increasingly important phases of medical sociology, etc., are of paramount interest.

A thorough-going review of the world's medical literature so far as it will be of interest and value to the subscribers will be made. To this end the co-operation of a large staff of collaborators has been secured, and endeavor will be made to epitomize the world's latest iterature, inwyp tomize the World's Latest Literature, in general, according to the method inaugurated by the present editorial management with such gratifying success. In the news department will be paragraphed all the items of medical news from all parts of the world worthy of insertion and of import to the profession.

In the original article department three things shall particularly be borne in mind:—a. Practicality. Papers of clinical interest will be numerous. b, Progressiveness. Each practitioner learns something new every day. It is these novel advances that are helpful and which we shall endeavor to gather and place before our readers. c, Brevity. Almost every article written could be made one-half shorter without the loss of a fact or implication. This will be a noteworthy feature with the original articles in American

Medicine.

For the business conduct of the journal the American Medicine Publishing Company, the publisher of American Medicine, has been legally incorporated with a capital of \$250,000, in shares of one dollar each, to be full paid and nonassessable. The founders and stockholders are in no way liable beyond the amount subscribed.

The stock is offered to members of the profession in six ways, viz.:

Founders' shares, at \$50.00 (comprising 50 shares) giving the owner thereof the journal free for life, a participation in the profits during life, and thereafter to his estate a profit-producing asset in perpetuity.

The number of founders' shares is limited and the holders will secure a preeminent influence in the ownership and conduct of the journal. It is our purpose to make it an honor even to one's children

to have been a founder.

Preferred shares, drawing 6 per cent. dividends from the net earnings, subscriptions to which are requested in amounts of \$100, and over. (The preferred stock offers a safe, permanent, and profitable investment.)

For \$10.00 three years' subscription to the journal and \$10.00 worth of common stock. (The common stock participates in dividends from the net earnings after those paid upon preferred shares.)

For \$5.00, one year's subscription to the journal and \$5.00 worth of common stock.

Life endowment shares at \$50.00 (comprising 50 shares) giving the owner thereof American Medicine free for life, a participation in the profits during life and thereafter to his estate a profit-producing asset in perpetuity. This share is practically the same as the founder's share participating uniformly therewith in the profits and privileges except that it has no vote.

Eight year endowment shares at \$25.00 (comprising 25 shares), giving the owner thereof an eight year subscription to American Medicine with participation in the profits.

One advantageous feature of both endowment propositions is that the original purchaser may retain the subscription privilege and sell the stock. In order to enlarge and perfect the new weekly so far and fast as possible, the subscription price is placed at \$4.00.

So enthusiastic and generous has been the encouragement received that American Medicine will begin its existence with financial foundation and a circulation such as probably no other has ever had. The organization of the company and its incorporation insures perpetuity Fur-

thermore, under no circumstances can a majority of the stock be secured by any publisher or lay capitalist, or by any combination of such interests. The profession at large and each and every stockholder will be the owner.

Stock in medical journals is rarely offered to the profession for the reason that the organizers absorb the whole to assure themselves the large profits possible under good business management, and with a large advertising patronage. The offers above are especially advantageous to subscribers, not only assuring them the best possible journal published under almost ideal conditions, but full participation in the earnings from the investment.

The promoters invite the co-operation of every American physician who has the good of his profession, the freedom and purity of its journals, and the progress of American medical science at heart.

The prospectus with further and complete information will be forwarded on request of physicians, who may address Dr. George M. Gould, 1321 Walnut street, Philadelphia, or H. D. Reynolds, the manager, at 1321 Walnut street, Philadelphia.

A personal letter from the manager states that the new journal will appear not later than April 6th of the present year.

#### The Aphorisms of Hippocrates.

The Arlington Chemical Company has sent out a neat folder of 20 pages containing selections from the Aphorisms of Hippocrates, a supplement to the beautiful illuminated Oath of Hippocrates, which all medical graduates in earlier times were supposed to accept, and which is now annually administered to the graduating class of the medical college of Indiana by the Dean, Dr. Henry Jameson. Many physicians have framed it for their offices.

This solemn engagement was in ancient times administered to young men about beginning the study of medicine, especially by the Asclepiadæ. Its equivalent was used in the Middle Ages, notably by the School of Salerno. To this day every honorable and right-minded physician governs his private and professional life by its noble principles. It is the oldest and one of the best of the codes of medical ethics, there being but one

simpler, the Golden Rule of doing as one would be done by.

The noble words of the indenture have held their sway for over two thousand years; they are the keynote to Longfellow's imperial bugle call to duty, the Psalm of Life; they are used by Goethe in the Meister; they are perennially present in reflective literature and are especially precious to our profession, because originally applied to the practice of medicine. They ring in our ears by every bedside:

Life is short and the Art long, the occasion fleeting; experience fallacious, and judgment difficult. The physician must not only be prepared to do what is right himself, but also to make the patient, the attendants and externals co-operate.

#### CORRESPONDENCE.

My Dear Doctor Brayton:

I have often been pleased at some little gem I have found in the JOURNAL, and so I am prompted to send you one more. The lines were addressed to a rose just budding into life, in the lattice window of her sitting-room. The author was a lady who was insane, and at the time an inmate of an insane asylum in Ohio. The little gem of poetry is found in the work of Forbes Winslow, on "Obscure Diseases of the Brain, and Disorders of the Mind," 1860.

G. W. H. KEMPER.

"I have often seen the flower spring,
From out the mould'ring wall—
I have seen the clust'ring blossoms cling
And grace the ruin'd hall

"But here, 'mid scenes of human woe, This little rose intends to blow. So in life's shades, however drear, Some ray of mercy will appear.

"Bloom, tiny flower, a gracious hand Invisible, unfolds thy leaves O'er scenes of grief, by His command Joy still with sorrow interweaves."

#### Annual Report of the Central Indiana Hospital for the Insane.

The following statistics are taken from the annual report of Superintendent Edenharter:

At the beginning of the year there were

enrolled 1,784 patients—756 men and 1,028 women; at the close of the year 1,816 patients—764 men and 1,052 women, an increase of 32 patients for this year, and an increase of 136 patients over 1898.

Five hundred and seventy patients—305 men and 265 women—were admitted during the year; three hundred and ninety-five patients—213 men and 182 women—were discharged; and one hundred and forty-three patients—84 men and 59 women—died. Two thousand three hundred and fifty-four patients—1,061 men and 1,293 women—were under treatment during the year; a daily average of 1,807.9, an increase of 80 patients compared with the daily average of 1899.

The percentage of recoveries to the total number of patients enrolled is 8.20 and 10.67 per cent. of the daily average under treatment. The percentage of deaths to the total number of patients treated is 6.08.—Medical and Surgical Monitor.

#### Society Meetings.

#### Marion County Medical Society.

At the meeting held February 5th, Dr. H. O. Pantzer presented the following preamble and resolutions relative to the City Hospital of Indianapolis, which were accepted by the Society and made matter of record:

"I wish to report a case of erysipelas following a simple operation—shortening of the round ligaments—at the City Hos-

pital of Indianapolis.

"The fact of there being but one building available for the isolation of contagious cases, and now used for smallpox cases, has possibly escaped the knowledge of many members of this society. Suffice it here to say, that the skillful and efficient efforts of our Board of Health have thus far failed to correct the evil conditions above mentioned. As you are aware, the pavilion for contagious diseases at the City Hospital is located within one hundred feet of the main hospital building. Since the destruction of the pesthouse, this contagious pavilion has been occupied by smallpox patients, whenever there were such cases, and meanwhile other contagious cases had to find a place in the hospital proper. This taxed the ingenuity and resources of our superintendents of

the hospital to isolate them there. During last autumn, at a time when there were no smallpox cases in the contagious pavilion, Superintendent Poucher with commendable care and thoroughness, accomplished the disinfection of the contagious pavilion, and afterward it was again employed for the ordinary contagious diseases. Directly, however, it had to be abandoned to smallpox cases again. As a consequence since then there have been harbored at various times within the hospital several cases of scarlatina, diphtheria and measles. It is needless to say that such safety-guards were thrown out against such cases, as were available for the protection of the other occupants of the house.

"I am told by one of the chief surgeons preceding immediately my term of service at the hospital, that he has had more suppurative cases by far than at any time of his long connection with the hospital. My term of service began with January of this year. I have operated there this year on three succeeding Wednesday afternoons. I operated for shortening of the bound ligaments in a young woman. In this case no inflammatory conditions were present, for uneventful recovery is the natural expectation in such a case. I incised first on the right side, exposed and drew out the bound ligaments, then packed this wound with gauze; next I did the same on the opposite side, and sewed this up, before returning to right side to close it. The wounds were closed with a collodion-gauze dressing. On the following date the patient had much pain in the left side, and the temperature rose to 103 The right side showed perfect rest and healing. Directly the pain ascended along the crest of the ileum and loin of the infected side, a flush appeared, and, in short, we had developed the full evidence of that direct surgical affection, ervsipelas. I learned then that a case operated on the nose in the same surgery a week before had subsequently developed erysipelas. I had been told, previous to my operating, by Superintendent Spencer, that one of my assistants had seen a case of erysipelas in the hospital five days previously, but felt no concern when told that he had not touched the case then, nor been in its presence long, and when upon my inquiry I was told it had been isolated at

once. I did not then know that it had been operated in the same surgery, and in my mind, without having it suggested contrariwise, had accepted that it was placed in the contagious pavilion. Only when advising that my case be taken there, did I become informed of the inavailability of this place, owing to its occupation by small-pox patients.

"The fact that the one wound only became infected, and that not the one last handled, is a curious fact and may be adduced as evidence of the extremely subtle

nature of the contagion.

"Two cases of erysipelas in a hospital for general diseases, then, is the condition

presenting us here.

"In considering the fact that our council has been delinquent in providing the needed isolation facilities, it must be remembered that the laity cannot conceive of the dangers to the population of a general hospital to which contagious diseases are admitted.

"In bringing this matter before you tonight, I feel a sense of my personal responsibility in this matter, since a public charge, entrusted to my care has suffered from the existing inadequate accommodations. All operative work in the hospital must cease for the while. This means a deprivation to sick poor requiring such assistance. And the very conditions menaced, will recall to the minds of men yet active in medicine to-day, the horrors of the most appalling scenes ever connected with a medical practice. It has been said that more of our countrymen in our civil war suffered disease and lost their life owing to the hospital gangrene than caused by the injuries of the battles.

"The question comes up, after the active intelligence the earnest and costly efforts have overcome the present menace to life and health, shall we not at once take the occasion to endorse and otherwise give practical support to our Board of Helath to procure the relief sought for that this danger may be averted in the future?

"In this spirit I will offer the following resolutions, subject to any amendments or changes that this society may deem advisable. They are perhaps most properly addressed to the Mayor of Indianapolis:

"Witereas, Since the destruction of the pesthouse, the contagious pavilion of the

City Hospital is the only place available for smallpox patients, and its joint and simultaneous occupation by this class of cases and the ordinary infectious diseases is not permissible; and

"Whereas, It is a source of great danger to life and health of the inmates of a general hospital to be associated with patients

having contagious diseases; and

"WHEREAS, At the present time there are cases of a most contagious and serious character in the hospital, whose presence is a menace to all inmates and an imperative cause for the cessation of all surgical operations while the conditions of infection continue; therefore be it

Resolved, That the Marion County Medical Society hereby respectfully and earnestly request the Mayor of Indianapolis to use the instrumentalities of his office to provide at the earliest possible time suitable and permanent accommodations for

this class of cases.

## Marion County Medical Society—Annual Election of Officers.

At the annual meeting, January 8th, Dr. L. H. Dunning was elected President; Dr. Geo. H. F. House Vice-President; Dr. Theodore Potter, Secretary; Dr. Fred. Pettijohn, Assistant Secretary; Dr. S. P. Scherer, Treasurer, and Drs. A. W. Brayton and A. L. Wilson, members of the Judicial Council. Within the year Drs. W. V. Morgan, Wm. T. Newton and John J. Garver were lost to the society by death. Since the annual meeting, Drs. John M. Gaston and S. L. Ferree have died. The society also passed resolutions on the death of Dr. S. H. Mapes, who was for many years a member and once served as President.

#### Confederate Surgeons.

MEMPHIS, TENN., March, 1, 1901.

Dear Doctor—The Association of the Medical Officers of the Army and Navy of the Confederacy will convene in Memphis, Tenn., May 28-30, 1901, during the meeting of the Confederate Reunion. All surgeons, assistant surgeons, acting assistant surgeons, or contract physicians and hospital stewards, in the army and navy of the Confederate States, and all regular physicians who served honorably in any capacity in the Confederate States Army

and Navy, and all regular physicians who are sons of Confederate veterans, are eligible to membership.

#### Indiana State Medical Society.

Annual meeting at South Bend, May 15, 16 and 17, 1901. F. C. Heath, M. D., Secretary, 19 W. Ohio street, Indianapolis, Ind.; George W. McCaskey, M. D., President, Ft. Wayne Ind.

#### American Medical Association.

Annual meeting at St. Paul, Minn., June 4, 5, 6, 7, 1901. George H. Simmons, M. D., Secretary, Chicago, Ill.; C. A. L. Reed, M. D., President, Cincinnati, Ohio.

#### The New York Skin and Cancer Hospital— Lectures on Syphilis.

The subject of syphilis will be gone over in detail, and its special manifestations will be spoken of by experts on the subject. Lectures of an hour each will be given every week by some of the most eminent physicians in New York:

March 6.—Syphilis as a Disease; Modes of Infection; Extra-Genital Syphilis, by

L. Duncan Bulkley, M. D.

March 13.—Skin Manifestations of Syphilis, by L. Duncan Bulkley, M. D.

Mach 20.—Infantile Syphilis, by A.

Jacobi, M. D.

March 27.—Syphilis of the Mouth, Nose, Throat, and Larynx, by D. Bryson Delavan, M. D.

April 3.—Syphilis of the Eye and Ear,

by David Webster, M. D.

April 10.—Syphilis of the Nervous System, by Edward D. Fisher, M. D.

April 17.—Syphilis of Internal Organs, by Edward G. Janeway, M. D.

April 24.—Syphilis of the Bones and Surgical Relations of Syphilis, by Willy Meyer, M. D.

May 1.—Synopsis, Conclusions, and Treatment of Syphilis, by L. Duncan

Bulkley, M. D.

These lectures, which will be given in the hospital clinic room at 4:15 p. m., are free to members of the medical profession on presentation of their professional cards. They were arranged for by Dr. L. Duncan Bulkley, who has done so much to foster the clinical presentation of this disease and its complications to the members of the profession, and thereby to make them acquainted with it and its variations by practical clinical demonstration.

N. D. B.

## Chicago Society of Internal Medicine—Regular Meeting held January 15th.

Dr. Gustav Fuetterer read a paper on "Chlorosis, Its Diagnosis and Treatment, and Its Relation to Tuberculosis and to Round Ulcer of the Stomach."

Dr. Joseph A. Capps followed with "A Preliminary Report on Some Observations

of the Blood in Anemia."

Dr. G. W. McCaskey, Fort Wayne, Ind., read a paper on "Hydriatics in the Treatment of Chlorosis." He especially disclaimed any intention of advocating hydrotherapy as an exclusive method of treatment, but urged its careful use in selected cases as a most valuable aid. While the administration of iron was advocated, the exceedingly small amount absorbed, coupled with the better therapeutic results claimed from tremendously large daily doses points to an indirect action of the iron upon the alimentary tract.

The rest treatment in conjunction with iron, the importance of which most recent authorities emphasize, was pointed out as an important factor in permitting recuperation of cardio-vascular tone, and in so doing improving the functions of the digestive organs and of the red bone-marrow upon which hematogenesis is absolutely dependent. Some recent writers report cases treated by rest alone, without

iron, with favorable results.

Various methods are available, such as the full bath, spray, douche, etc., the guiding principles being to use that degree of stimulation from which the patient will show a healthy reaction, and to use cold very guardedly and as a rule preceding its application by a storage of heat which will permit of the stimulating and tonic influences of cold without resulting depression.

Dr. Frank Billings stated that chlorosis occurs in young women somewhere between 13 and 14 and 22 years of age, on the average. It also exists in young men at that age, but the majority of writers do not accept this. Men in whom chlorosis occurs are of a feminine type, and show it in their physique. It is a question of metabolism, why does chlorosis select

girls? It is a disease one finds in all climates and under all conditions of life. He has seen quite as many cases among servant girls as among others, and has had a large number of cases among the well-to-do. He does not think there is any hygienic basis for chlorosis. It is not due to impaired nutrition, because it occurs among the children of the rich as well as those of the poor.

In the treatment, he mentioned beef juice. His objection to it is that patients soon disliked it. To take a pint of beef juice every day requires not only great moral force on the part of the patients, but considerable persuasion by the physician to get them to do it. More people can afford milk than the juice which comes from five pounds of beef. He has gone on year after year, until simply at sea, so to speak, as to whether one preparation of iron is any better than another. On the whole, however, he considers the old tincture of iron the best, because it contains hydro-It can be given in good chloric acid. doses, say five or ten, or even fifteen or thirty minims. By diluting the iron with pure glycerin, the patients do not object to it, and they feel and do better on tincture of iron than upon any other preparation.—Abstract from Journal of American Medical Association.

#### PERSONAL.

#### Dr. M. Jennie Jenkins.

Dr. Jenkins left Indianapolis February 13th for Grand Junction, Colo., where she will serve as assistant physicion and trained nurse in the Government Reservation Indian School. Dr. Jenkins is a graduate of the Indiana Medical College class of 1898, and has been practicing medicine in Valley Mills, near Indianapolis. The salary is \$600, with all found. The position is an excellent one, and the fund of youth, good health and joyous nature Dr. Jenkins takes to Colorado will be a gain to that State and a loss to Indiana.

#### Dr. Clark, of Connersville.

Dr. J. H. Clark, late of the Eastern Hospital for Insane, has been in New York the last three months taking surgical courses in the New York Post Graduate School. He will locate in Connersville for the general practice of medicine, surgery and obstetrics. Mrs. Clark accompanied the doctor to New York, following various studies social and aesthetic.

#### Dr. Theodore A. Wagner.

Dr. Wagner completed his twenty-fifth year of continuous general practice in medicine, surgery and obstetrics in Indianapolis the twenty-fifth of February, 1901, and on the same day set out with the Mystic Shriners for the Sandwich Islands to establish a branch of this order the writer has not the faintest idea of the order-in our new possessions. Dr. Wagner has so genial and interesting a personality and has so long and so actively been engaged in medical practice, and in the social and political life of the city, that we seize the period of his absence to make a personal note about him which he would not have the pleasure of reading if we were to wait another half-century and publish it after his death. He was born on the Moselle—a Luxembourger of 1849, who came to this country in 1866 and added a thorough knowledge of our language to the French, Italian, German and Scandanavian tongues which he spoke like a native (some of these languages as Lowell wrote to Miss Norton, "like a native of another country"). He graduated from the Indiana Medical College in February, 1876, and has lived to see all of his old professors pass over to the silent majority except Dr. John A. Comingore and Dr. Wm. B. Fletcher, whose niece he married, and who has borne him two sons. One of these, Fletcher Wagner, is a junior student in Leland Stanford University at Palo Alto, California, and will accompany his father to the Sandwich Islands, returning in early April. Dr. Wagner has promised to visit the leper colonies, so as to give the Journal some notes of his observations and to bring the editor a sample volcano. In 1883 Dr. Wagner took the smallpox at a time when onethird of the cases affected in Indianapolis died. He went at once to the pest-house with the late Dr. Leroy S. Henthorne, who was then in charge, remaining several weeks, and on convalescing making a study of the disease. He read a paper on the subject before the State Society, which is

published in the Transactions for 1884. Since that time until within a year he has been the city diagnostician in cases of suspected smallpox. Dr. Wagner served as coroner of Marion County for two terms, and once made the race for the nomination of mayor on the Republican ticket. was for three years the Superintendent of the City Dispensary, and has been a member of the City Health Board. He is an ardent American, by nativity a German with Gallic wit and tastes, and earnestly hopes the Boers will establish their South African Republic within his lifetime. His intense social nature and infinite bonhomie the years have not withered or custom staled. Should this note meet his eye —which is doubtful as he is too busy to read so humble a journal—he is hereby charged, not to construe it as an obituary He has requested the present writer, should he first douse his glim, not to let the awkward squad fire over his grave, but when the final cortege

## "shall pass Among the Guests' Star-scattered on the grass Where he made One—turn down an empty Glass."

During Dr. Wagner's absence, Dr. Norman E. Jobes, the associate editor of this journal, will look after his practice, keeping morning hours at the doctor's office on Delaware street.

#### NECROLOGY.

#### Largest Woman in Indiana Dead.

DRESSER, IND., February 16.—Mrs. John Jordan, living three miles north of here, is dead of paralysis. She was the largest woman in Indiana, weighing 676 pounds. She was the mother of thirteen children. She came from robust ancestors, but for three years had been almost helpless because of her great weight.

#### Dr. Doan, of North Bend, Nebraska.

Dr. Ira Doan died Tuesday, December 6, 1900, in Fremont, Nebraska, at the home of Dr. R. C. McDonald, of angina pectoris. Dr. Doan was born near Indianapolis, February 23, 1853, of Quaker parentage. He lived on a farm till 18 years of age, then taught school and took the literary course at Earlham College, Richmond, Ind. He graduated from the Indiana Medical College in 1880, and was house

physician at the Indianapolis City Hospital under the superintendency of Dr. Wm. N. Wishard. In 1883 he located at North Bend, Nebraska, the same year, marrying Miss Hester Spencer. children were born to them. Of his life and work in Nebraska, the North Bend. Eagle of February 7th, says: his large practice in his profession his public spirit, enterprise and ability placed upon his shoulders numerous other duties. At the time of his death he was vice-president of the bank of North Bend, a member of the City Council, Secretary of the M. E. Church Board, a member of the County Board of Pension Examiners, one of the examining physicians for the M. W. A. and A. O. U. W. of this city, and during the campaign took a prominent part as president of the McKinley Club. This multiplicity of duties would have staggered a man of smaller calibre and less capacity for business, but notwithstanding all he had to do he still found time to do it faithfully and well. He never used tobacco or liquor and his life was a model of sobriety and industry. He was a member of the M. E. Church and also of several secret societies, among them the A.F.& A.M., the A.O.U.W. the M. W. A., and their auxiliaries, also the Volunteer Fire Department. He had accumulated considerable property, owning about 400 acres of land in the vicinity of North Bend, also one of the finest residences in the city, besides other investments. In his death the city and community has lost one of its best and most useful citizens."

#### Dr. Poucher, of Indianapolis.

Dr. Poacher died at Swanton, Nebraska, February 6, 1901, and was buried at Greencastle, Indiana, February 12th. He was born at Loogootee, Indiana, in 1868. He attended the public schools of Indianapolis, and graduated from DePauw University in 1890 and from the Indiana Medical College in 1893. For several years he was engaged in general practice with Dr. John W. Sluss in Indianapolis. He was for a time Assistant Demonstrator of Anatomy in the Indiana Medical College. He was Superintendent of the Indianapolis City Hospital, in which he had served as house physician under Superintendents

Edenharter and Ferguson, from 1897 to 1900, when he resigned and went to Nebraska, where his brother was engaged in the ministry. He was a member of the Marion County and Indiana State Medical Societies, a Mason and a member of other social organizations.

Dr. Poucher was of the best English descent and a most refined, affable and scholarly gentleman. He was widely read in classical literature, and a remarkably entertaining conversationalist. His sister, also a DePauw graduate, resided with him at the hospital, and their little suppers to choice friends were delightful to attend—the "best of the meal was above the plate," when Miss Poucher served and Dr. Poucher conversed. Dr. Poucher got on amicably with the patients, the house physicians, the training school for nurses, the hospital staff, the Health Board and Mayor; the redeeming characteristics of the thoroughly trained gentlemen were always at the front and commanded the respect that is their due. Dr. Poucher was not enthusiastic in his profession, but he was proficient and conscientious in practice, and if not so untimely dead would have accomplished much in his new loca-Those who knew him best in Indianapolis will remember with pleasure his genial companionship, his unselfishness, his knowledge of life and letters, his reflective and introspective disposition, and to them his name will not be "writ on water," but death will rather prove the "immortalizing winter" of the good and lovely traits of his being."

A. W. B.

#### Dr. Glezen, of Huntingburg.

Huntington, Ind., Feb. 20, 1901.

My Dear Dr. Brayton:—You will find

enclosed for Indiana Medical Journal a short sketch of our late brother, Dr. E. A. Glezen; also, resolutions of respect as adopted by Dubois County Medical Society.

Yours, etc.,

C. R. RAMSBROK.

Dr. Edwin A. Glezen, one of the charter members of the Dubois County Medical Society, died at his home near Ireland, February 11, 1901, of la grippe.

He was born in Wayne County, Pennsylvania, May 20, 1824, began the practice of medicine in 1845, and followed his

chosen profession to within one week of his death.

Dr. Glezen was a valuable member of our County and State Medical Societies, a prominent member of the Methodist Episcopal church and a Mason of long standing.

WHEREAS, In the fulfillment of God's law, He has seen fit to remove from among us our associate and fellow member, Dr.

E. A. Glezen; therefore be it

Resolved, That it is the sense of the Dubois County Medical Society to tender to Mrs. E. A. Glezen our sincere sympathy in this her hour of greatest bereavement.

Resolved, That while she has lost a kind and affectionate husband, we have lost a true and worthy brother, whose good will, which he at all times exercised in the aid of our organization by regular attendance, good service and counsel, will be held in grateful remembrance.

Resolved, That a copy of these resolutions be furnished to the local papers, the INDIANA MEDICAL JOURNAL, and a copy forwarded to the bereaved family.

Edward G. Lukermyer, President.

C. R. RAMSBROK,

Secretary.

#### Dr. Hodges, of Ashland, Wisconsin.

Dr. Fred Jenner Hodges, formerly of Anderson, Ind., and a member of the State Medical Society, died February 18th from septic infection incurred while doing surgical work in his hospital at Ashland Dr. Hodges took an active part in the local and state societies of Indiana, being more particularly interested in surgery. His Indianapolis confreres will recall with pleasure a supper which he gave to his friend, Dr. Ludwig Hektoen, of Chicago, at the Hotel Denison, to which over a score of the local physicians were invited, February 22, 1897. Dr. Hodges conducted the hospital in connection with a relative, Dr. Wm. T. Rinehart. He graduated from the Northwestern University Medical School in Chicago in 1888, and had a hopeful future in medicine and surgery.

Anderson, Ind., Feb. 22, 1901.

To the President and Members of the Harery Medical Society:

We, your committee, appointed to draft resolutions upon the death of Fred Jenner Hodges, M. D., who was once an honored member of this society, respectfully

submit the following:

Resolved, That in the death of Dr. Hodges, the profession of medicine and surgery has suffered an irreparable loss, a brilliant and shining light has been prematurely extinguished, thus depriving the world and the profession of the possibilities of the accomplishment of his greatest ambition, the discovery of some new method in his chosen work of surgery for the saving of human life and suffering.

Resolved, That this great affliction to his family we also feel as a personal loss to us, and we tender to his bereaved wife and children, also to his aged father, our

tenderest sympathy.

B. H. PERCE, M. D. E. M. CONRAD, M. D. Committee. JOHN W. HUNT, M. D.

President.

CHAS. TRUEBLOOD, M. D. Secretary.

#### Reviews and Book Motices.

The Riddle of the Universe—Die Weltrathsel, by Prof. Earnest Haeckel (Harper & Bros.); translated into English by Joseph McCabe, is one of the notable works of science and philosophy of the year. Prof. Haeckel is Germany's greatest biologist, and in this latest work he sums up the conclusions drawn from a life-time study of science and gives an admirable resume of the scientific discoveries and progress of the past century. It is the final work of this eminent scientist and philosopher, and voices the general scientific and philosophical ideas of Germany and Europe at the close of the nineteenth century.

Haeckel, however, is a pure scientist and views the world from this oftentime biased and limited standpoint. He looks with pride upon the scientific progress of the nineteenth century, her governmental and social progress he views with a gloomy pessimism. He indorses the words of Al-Wallace: "Compared  $\mathbf{with}$ astounding progress in physical science and its practical application, our system of government, of administration of justice, and of national education, and our entire

moral and social organization remain in a state of barbarism." He cites public life and the press as mirroring these statements. But with all our evils in public, social and moral life, is not the above view

an exaggerated one?

In science Haeckel is not an agnostic but a moralist. He rejects both materialism and "supernatural religion." states his position thus: "All the different philosophical tendencies may, from the first view of modern science, be arranged in two antagonistic groups; they represent either a dualistic or a nonistic interpretation of the cosmos. The former is usually bound up with teleological and idealistic dogmas, the latter with mechanical and realistic theories. Dualism, in the widest sense, breaks up the universe into two distinct substances—a material world and an immaterial God, who is represented to be its creator, sustainer, and ruler. Monism, or the contrary, recognizes one sole substance in the universe, which is at once God and nature; body and spirit (or matter and energy) it holds to be inseperable. The extramundane God of dualism leads necessarily to theism; the intramundane God of the monist to pantheism. With Goethe, he holds that "matter cannot exist and be operative without spirit, nor spirit without matter;" or the monism of Spinoza; "matter, or infinitely extended substance and spirit (or energy) or sensitive and thinking substance, are the two fundamental attributes or principal properties of the all-embracing divine issues of the world, the universal substance."

So religion he regards as a superstition. Creation of man, the personality of God, divine control of the universe, freedom of the will, and immortality he says have been shattered by modern science. There has been no "creator" but evolution; no god but nature; no "providence" guiding the world, but the persistence of natural laws; no freedom of the will but "natural selection" and "the survival of the fittest."

The soul, after considering its embryology and phylogeny, he says is a creation of "poetical mysticism" and "transcendental faith." After reviewing the different conceptions of the soul, he takes up the belief that it is of a gaseous nature and upon this he grows facetious and says: "If the soul were really gaseous we could then catch it, as it is breathed out at the moment of death, condense it and exhibit it in a bottle as 'immortal fluid.' By a proper lowering of temperature and increase of pressure it might be possible to solidify it—to produce 'soul snow.'"

So he says the belief in the immortality of the soul is a "dogma which is in hopeless contradiction with the most solid empirical truths of modern science." At best, he says, it can be as Hart puts it, only "a postulate of practical reason;" and as belief in a future life is found in Buddhism or the higher Oriental religions, or in the old Testament prior to the Babylonian Exile. His conviction is that an abandonment of this belief in immortality would be a positive gain to humanity.

Haeckel strangely ignores discoveries in hypnotism and telepathy and disbelieves that any such psychic phenomena can be demonstrated. Here he shows the common weakness of the pure scientists, who try to argue out of existence anything not purely material or tangible. That such psychic manifestations do occur can be proved to the most skeptical; and in the future they must constitute a most important factor in science and may prove a most serious obstacle to the materialistic tendency to resolve the universe into matter and force.

In place of all he destroys Haeckel would give the world his monistic religion, which consists in the cult of goodness, truth and beauty. Morality, he says, is based upon human experience and scienadvancements; the love of others must co-exist with self-love, for no one can be happy unless those around him are equally happy. The modern man has science and art and needs no church and can find in nature the only true religion: and "wherever he turns his gaze to the whole universe or any part of it, he finds indeed the grim 'struggle for life' for by its side are ever the good, the true, and the beautiful; his church is commensurate with the whole of glorious nature."

But the one riddle of the universe which Haeckel cannot solve is the "problem of substance"—what is the real character of this "mighty world wonder" we call Nature? He frankly asserts the improbability of ever arriving at a solution of this problem. He says: "We grant at

once that the innermost character of nature is just as little understood by us as it was by Araximandes and Empedocles twenty-four hundred years ago, by Spinoza and Newton two hundred years ago. and by Kant and Goethe one hundred years We must even grant that this essence or substance becomes more mysterious and enigmatic the deeper we penetrate into the knowledge of its attributes." But while the real character and essence of nature has eluded man, yet the human mind has evolved the great law of nature—the constancy of matter and force; and we agree with Haeckel that this is sufficient. This has been the great achievement of the centuries and upon this must be based all science and philosophy; and further than this our beliefs and theories of life and the future are determined largely by our environments and the inherent cast of mind; and so facile and incongruous are the workings of the human mind that we may declare ourselves, perhaps with an equal show of reason, monists, dualists or agnostics.

ALBERT M. COLE.

Two Views of "Uncle Tom's Cabin." In an address delivered lately before a clubat Newton, Mass., Mr. F. Hopkinson Smith made the following remarks about Southern life in general and "Uncle Tom's Cabin" in particular:

"I left the South when twenty years old, but not before I had seen something of the life in Virginia. It is true that when an estate was broken up the slaves were often bought by neighbors, but with a view of keeping them together near the old place. When a vicious slave was met with, he was often sent to the rice-fields of South Carolina for the purpose of preventing him corrupting the others. There was no way to dispose of him. This book, "Uncle Tom's Cabin," is the most vicious book that ever appeared. \* \* \* book precipitated the war, and made the North believe nothing but the very worst of the South. We are not an inhuman people; we are all alike; we are Americans. It was an outrage to rouse the North against the South. The book was an appalling, an awful and criminal mistake."

This promptly called out the following

reply from Colonel Henry Watterson, of the Louisville (Ky.) Courier-Journal, in the form of an interview with a reporter of the New York Tribune:

"'Uncle Tom's Cabin' did undoubtedly make a great impression upon the susceptibilities of the people of the United States —and nowhere more than in the Southern States—who instantly recognized its fidelity to truth. But to say that it cut any figure in the final crisis is wholly a misconception. Nothing could have delayed the ultimate trial of arms more than four years. If Judge Douglas had been elected President in 1860, the war between the section would have been postponed from 1861 to 1865. Mrs. Stowe's novel was merely a spoke in an inexorable wheel, which, for the time being, represented perpetual motion. But so far from being a cruel attack upon the people of the South, it was a most kindly representation. Mrs. Stowe begins with the sunny side of slavery in Kentucky, and indicates its possibilities by traversing the career of Uncle Tom to a Louisville plantation. But you will observe that the villain of the book, Legree, is a Yankee; and that leads me to say—what, indeed, Abraham Lincoln preceded me in saying—that the Yankees brought the nigger to America in their ships, and sold him to the Southerners. I think it extremely unkind that, having got their money, they came down South in 1861 and annihilated property of their own creation. But that is neither here nor All the gentlemen of the South in the days of Washington and Jefferson were opposed to slavery. It was a wholly monstrous and indefensible institution. Even in 1861 the good men and women of the South were at heart opposed to the whole system. With a gray jacket on my back for four years, I was an outspoken sentimental free-soiler.

"'Uncle Tom's Cabin' is one of the great books of the world. I am willing to bet the author of 'Colonel Carter of Cartersville' a cigar that he never read 'Uncle Tom's Cabin,' and leave the decision of the bet to him. The leaders of the South, not to mention a certain George Washington, but particularly to mention one Thomas Jefferson, knew slavery to be abhorrent to manhood, womanhood, and all the graces of human life. The South is well rid of it. Mr. Smith is wholly mis-

taken in supposing that the negro is worse off in freedom than in slavery. Booker Washington, a great and noble man, one of the greatest men living to-day in America, considering practical affairs as the test of greatness, is doing an amazing work, and if the true and good men of the North having money to spend on philanthropy would contribute a little attention and some money to the development of his scheme at Tuskegee, Ala., it would pay richly on the investment. In short and in fine, Mr. Hopkinson Smith falls into the prevailing error of the educated Southerner in supposing that attacks upon the institution of African slavery are attacks upon the people of the South. South is open to great impressions. Nicaraguan Canal will revolutionize all conditions in Texas and the Gulf States. It will convert the Gulf of Mexico into the Mediterranean of the Western Hemisphere. Mr. Hopkinson Smith is a great painter, I am afraid I must say a great Though "Colonel Carter of romancist. Cartersville" shocked by sensibilities as a Southern man, and particularly as a Virginia product, very much more than did Mrs. Stowe's 'Uncle Tom's Cabin,' literary criticism avaunt! There never was yet a literary man who was not a hopeless 'Uncle Tom's Cabin' was a politician. great book, and Mrs. Harriet Beecher Stowe was a great woman."—The Outlook.

Ringworm in the Light of Recent Research. By Malcom Morris, Surgeon of the Skin Department, St. Mary's Hospital. London, Paris and Melbourne: Cassell & Co. 1898. Price, \$2.00.

This appears in the form of an artistic cloth-bound monograph of 137 pages, illustrated by a colored frontispiece and twenty-two photomicrographs of stained specimens and cultures of the ringworm The subject is introduced by a brief historical treatment and a rehearsal of the parasitic theory of the disease. Gruby is credited with the discovery of the Microsporon audouini in 1843, while in 1844 Malmsten discovered the trichophyton fungus. It is explained that through a confusion of terms the discovery fell into disrepute and was entirely forgotten until Sabouraud in 1892 established the parasitic nature of the disease and plurality of its fungi. The doctrine of Sabouraud is clearly set forth, and his conclusions in the main adopted, the criticisms being offered that the French investigator divides the fungi into too many varieties, and is too positive concerning the clinical differences of the various types of infection. The results of other modern investigators are summarized, and the author offers the results of his own examination of 126 consecutive cases. The hairs of all cases were stained by a modified Gram method—original with the author and many cultures were made on Sabouraud's maltose agar. The cultural results in the main corroborate those of the French writer. It is suggested, however, that the fine cultural differences of Sabouraud are not essential.—Journal of the American Medical Association.

A Text Book on Practical Obstetrics. By Egbert H. Grandin, M. D. Gynecologist to the Columbus Hospital; Consulting Gynecologist to the French Hospital; Late Consulting Obstetrician and Obstetric Surgeon of the New York Maternity; Late Obstetrician of the New York Infant Asylum; Fellow of the American Gynecological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, etc., etc., etc., with the collaboration of George W. Jarman, M. D. Gynecologist to the Cancer Hospital; Instructor in Gynecology in the Medical Department of the Columbia University; Late Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynecological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, etc. Third Edition, Revised and Enlarged. Illustrated with Fifty-two Full-Page Photographic Plates and One Hundred and Five Illustrations in the Text.  $6\frac{1}{2} \times 9\frac{1}{2}$  inches. Extra Cloth, \$4.00, net; Pages xiv-511. Sheep, \$4.75 net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia.

This, the third edition, has been enlarged by a chapter on the anatomy of the female organs of generation and em-

bryology.

The continual favor shown this work by general practitioners, students, teachers, paper writers and specialists is sufficient evidence of its great value as presenting the latest methods and knowledge regarding obstetrics, a subject which everybody practices and few study as much as its great importance demands.

Obstetric and Gynecologic Nursing. By E. P. Davis, A.M., M.D., Professor of Obstetrics in Jefferson College and Philadelphia Polyclinic. 12mo, volume of 402 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Price \$1.75 net.

This volume is designed to furnish instruction as to the various duties of the obstetric and gynecologic nurse. Obstetric nursing demands some knowledge of natural pregnancy, and of the signs of accidents and disease which may occur during pregnancy. It also requires knowledge and experience in the care of the patient during the labor and her complete recovery, with the needs of her child. The obstetric nurse must also know how to help patient and doctor in the accidents and complications of labor, and has an important part to play in caring for mother and child in the diseases which occasionally attack them during the puerperal period. Gynecologic nursing requires special instruction and training, and a thorough knowledge and drill in asepsis and antisepsis are absolutely indispensable.

A very simple, lucid and helpful book. As the writer turned through its pages he thought continually of the various nurses of his acquaintance who would be helped by such a book. It is remarkable that the author could write so much and constantly avoid technical terms. Books on nursing are now rightly on special subjects; the nurse is more and more a factor in disease; she must be educated accordingly.

Practical Treatise on Nervous Exhaustion or Neurathenia. By Geo. M. Beard, M. D. Edited by Dr. A. D. Rockwell. Fourth edition enlarged. New York, E. B. Treat & Co. Price \$2.00.

This is the best, as it was the first, work or neurasthenia easily accessible and plainly written. Its author was a scientific physician; he first explained "mind reading" as muscle reading when the psychologists were at sea. This book has been widely read and has accomplished

much good. A new edition is required about every two years. The work on "Sexual Neurasthenia," by the same author and publisher, is the best and most helpful to the practitioner extant.

El Progreso Medico Revised Mensual de Medicina y Cirujia. Director, Dr. Gabrlel Casuso; Sub-Director, Dr. Enrique Nunez; Administrador, Dr. Ernesto Aragon. Redaccion y Arministracion Salud Num. 59. Precios de Subscription: En la Habana untrimestre, 0-75 cts, plata. En toda la Isla un ano, 2-00 oro Americano. Anuncios a precios convencionales. Circulacion: Mil Ejemplares.

The current number, vol. x., No. 12, of this interesting monthly is largely devoted to "Las Mosquitos Malaricos," by Dr.

Aristides Agramonte.

The demografia of Habana for the

month of Noviembre is of interest:

Defunciones.—Han fallecido 44 individuos; 296 cubanos y 148 extranjeros; 276 varones y 168 mujeres; 338 blancos y 106 de oclor. Menores de un ano: 70; de 1 a 10 anos: 31; de 10 a 30 anos: 128; de 30 a 68 anos: 164; de 60 a 100 anos: 48; de edad desconocida: 3.

The mortality for November, 1898, was 2,054; for '99, 493; for 1900, 444. The old average for November was about 570.

Nacimientos.—Se han reportado 575; blancos 471 y 104 de color; 286 varones y 289 hembras; 350 legitimos y 225 illegitimos.

Matrimonios.—Se han inscripto 129, de

ellos 11 entre personas de color.

Iumigracion.—Durante el mes han llegado a la Isla 3.050 inmigrantes, de las siguientes procedencias: Espana 2.720. Italia 72, Siria 69, China 59, Francia 32, Inglaterra 28, Alemania 28, Mejico 14, Sur America 13, Austria 5, Santo Domingo 5, Noruega 2, Japon 6, Puerto-Rico 2, Portugal 2, Rusia 1 y Turquia 1.

Estado Sanitario.—Se han reportado 312 casos de enfermedades infeccionsas de los que han fallecido 127. Las enfermedades reportadas han sido: fiebre amarilla 214, tuberculosis 64, difteria 10, fiebre perniciosa 7, sarampion 6, fiebre tifoidea 5, fiebre puerperal 3, muermo 2, varicela 1.

De los 92 casos de fiebre amarilla que quedaban en trata-miento el dia 1 de Noviembre han 8 muerto 8 y curaron 84.

Durante el mes han ocurrido 306 invasiones con 54 defunciones, 195 curaciones y 57 quedan en tratamiento.

"Locomotor Ataxia." Clinical lecture at Chicago Policlinic, by Dr. Hugh T. Patrick, of Chicago. Reported from International Clinics, Vol. ii., Series 10. Pages 15, with illustrations. Worth reading and filing. Dr. Patrick lays emphasis on the fact that the symptom, "locomotor ataxia," is never the first symptom in tabes; failure of vision, double vision, incontinence of urine, the various gastro-intestinal crises, failure of sexual power, imperfect erection, premature ejaculation, etc., tired legs, a sluggish ulcer in connection with a corn or callus on the foot-these rare prodomes which should put one on guard lest they treat the symptoms and overlook the tabes. Syphilis of ten or twelve years before is frequently a cause rarely the syphilis contracted within two or three years. Testicular analgelsia; hyponotus; persistence of painful impressions and delayed conduction of painful impressions; muscular incoordination; the recently exploited trunk anæsthesia; ulnar analgesia (loss of the "funny bone" sensation); these are the sensations which one must look for in the early diagnosis of tabes. As to treatment and diagnosis, we will let Dr. Patrick speak for himself. We take pleasure in noting his conclusions as to electricity, for every town has its "electric doctor"—the cranks in the profession and the quacks, both in and out of it —who apply electricity with the optimism shown by the people of New Spain in applying the 'possum's tail.

With reference to the prognosis, I shall make only three statements. First. Some cases are exceedingly slow; the disease continues for years-fifteen or twentyor may come to a stand-still. Second. There are very rapid cases which lead to complete disability within a year. I have seen a number of such. Third. Although no physician can cure locomotor ataxia, there is scarcely a symptom that cannot be relieved in some degree—at least for a time. This statement seems inconsistent, but it is not. Although the cases ultimately, as a rule, grow worse, yet the experience of every neurologist, as well as my own, is that we can nearly always relieve these patients somewhat if they are in a position to take the treatment prescribed.

"In many cases there is added to the natural physical disability of the disease a functionary disability because of the discase. What I mean by that is that a patient having a certain amount of inevitable disability, be it failure of vision, double vision, incoordination, lightninglike pains in the legs, gastric crises, or the prostration which accompanies such crises, becomes nervous. He is afraid to cross a street: upon his incoordination is developed typical agoraphobia. Another patient with lightning pains gets all sorts of depressing ideas about himself. He may become neurasthenic or hysterical. patient with gastric crises nearly always has some explanation for his vomiting spells, or, as he is likely to call them, bilious attacks, and the physician is only too prone to fall in with his opinion or formulate an erroneous one of his own. Between them, then, they eliminate one ailment after another until, in the course of a few years, there is scarcely a single article of diet that the patient feels he can eat with impunity, and he becomes a confirmed gastric hypochondriac. might thus go through a long category of functional troubles which such patients have, but which do not necessarily belong to locomotor ataxia, and which readily yield to rational treatment.

"The best treatment for the incoordination is that of re-education by means of systematic movements or exercises. This system of exercises was developed in this way: A certain patient with locomotor ataxia could not touch the tip of his nose with his eyes closed at the first examination that was made by his physician, Dr. Frankel, of Switzerland. When he returned a week later, it was found that he could execute this manœuver with ease and accuracy, and he stated that he had been diligently practicing the movement every day. This set the Swiss physician to thinking. He reasoned that if a patient with tabes could do this, he could do something more, and thus he evolved an elaborate system of exercise for the treatment of locomotor ataxia. The idea is simply to practice uncomplicated movements with accuracy and freedom of motion, and but little ingenuity is required to devise a variety of such calisthenics.

"Of late years few remedies have been more abused than electricity for the treatment of nervous affections. If I were to give a course of lectures on electro-therapy in nervous diseases, I should give about three lectures explaining its uses, and about seven lectures explaining the cases in which it should not be employed, because it would either be of no use or it would do harm. There is a host of nervaffections for which electricity is used in a haphazard, happy-go-lucky fashion without any results whatever from the electricity itself. There are a few affections in which electricity, when properly used, is of distinct advantage. One of these I believe to be tabes. Electricity, however, has never cured a case of tabes, but I think it helps materially. It is particularly good for the bladder disturbance, for the lightning pains, and for the diminished sexual power. To use electricity for this purpose we must have a strong galvanic battery and very large electrodes; a faradic battery will not accomplish much, although occasionally a strong faradic current is useful for relieving the lightning pains.

"In very many cases of locomotor ataxia there is a residual urme, and if this be drawn once or twice in twenty-four hours the patient does not have the vesical trouble, which is sometimes exceedingly annoying. Not long ago a tabetic was sent to me whose only complaint was that he wet his trousers every day; that he had to urinate every hour during the day; and that, in spite of all the precautions he took, he would soak an enormous diaper at night. By simply drawing this man's urine every morning and night (under careful instructions he was able to do it himself), he was in a large measure relieved of both diurnal and nocturnal distress.

"Suspension helps a good many cases; especially the lightning pains, vesical trouble, and incoordination are apt to be relieved by this means. There is a substitute for suspension which seems to be equally good—that is, flexion of the patient. He lies on the back and brings the feet up over the face, where I grasp them and exert considerable pressure downward. This pressure is maintained for from two to five minutes, and the treatment may be administered once daily. Ordinarily

some member of the family may attend to it after having been instructed by the

physician.

"To relieve the lightning pains, aluminum chloride in doses of from three to five grains, t. i. d., has been recommended. It has been recommended by Sir William Gowers, than whom there is no better neurologist and observer; consequently it is worthy of trial. Hypodermic injections of atropine, given in large doses, often relieve these pains. Morphine should be employed as a last resort."

"Mr. Hewlett's modest 400 pages contain the matter of a dozen romances of the day." So writes Frederic Harrison of Richard Yea-and-Nay in the Fortnightly Review for January. "They will be read and re-read by men who care for the higher literature. But as yet they may be found, it is to be feared, too 'deep,' to baffling for the easy-going millions. I make bold to say that Maurice Hewlett's prose—at its best— is hardly matched by any of recent time."

Mr. Hewlett gives us some flavor of the real Richard, some authentic glimpse of the true twelfth century, with all its poetry, passion, madness and blood. Scott's immortal pictures of chivalry are poems, Faery Queen idealizations of a world seen in an imaginative dreamland, from which the gross and savage realities are purged. Mr. Hewlett bravely sets himself to rehearse sublimities and savageries in black and white, as set down by men of the time who thought heaven and hell to be equally real, and all men and women equally destined for one or the other, according to their diligence in masses and prayer.

MacMillian & Co.

The Review of Reviews for March contains an article by Mr. W. T. Stead—"A Character Sketch of King Edward VII." It will be recalled that Mr. Stead's son is now in Indianapolis and is to marry a doughter of our citizen, Mr. John R. Hussey, and the couple will then take a trip around the world. The second article is "Scenes of Country and Town in Australia," a highly illustrated article and well worth the price of the magazine. "The Progress of the World" includes

a variety of topics from Mrs. Nation to Edward VII. "Tea Gardens in America," "The Beet Sugar Industry," Mr. John R. Commons in "A New Way of Settling Labor Disputes," are additional articles of interest.

"Dunglison's Medical Dictionary."
Death of the editor, Dr. Richard James

Dunglison, of Philadelphia.

PHILADELPHIA, March 5.—Dr. Richard James Dunglison, an eminent editor and author of many valuable medical works, is dead at his home here of dropsy and heart failure, superinduced by pneumonia. Dr. Dunglison was in the federal service from 1862 to 1865 as acting assistant surgeon. He was an officer in many of the leading medical societies of the city and country.

Dr. Dunglison was the son of Dr. Robley Dunglison, author of "Dunglison's Dictionary," the "Noah Webster" of medical definition. His eminent father died in 1869, after thirty years of teaching in Jefferson Medical College, most of the time serving as dean. He was the personal friend of Thomas Jefferson, who induced him to come to this country in 1824 as Professor of Medicine in the University of Virginia. His son, born in Baltimore in 1834, inherited the scholarly qualities of his illustrious parent. His last literary work was the editing of the twenty-second edition of the great dictionary, published last fall by Lea Brothers & Co. Over 60,000 of the preceding edition had been sold.

The American Year-Book of Medicine and Surgery. Under the general editorial charge of George M. Gould, M. D. Philadelphia and London: W. B. Saunders & Co. 1901. Price, \$3.75 per vol, net.

Dr. Gould's Year-Book has come to be a familiar publication to many busy doctors, and we doubt not that to all who take it the work is as useful as it is familiar. The editor and publishers announce that the issue of 1900, in two volumes, met with such general favor from the profession that they have decided to follow the same plan this year. Therefore, the work appears in two handsome, large volumes. Several advantages are gained by this plan of publication. The volumes are more

easily handled, and, what is of the first importance, they are sold separately, as we understand it, so that the surgeon or the physician, as the case may be, need only buy the volume for which he has especial use.

We cannot attempt here to give a detailed review of a work which is itself essentially a review of all current medical literature. We are familiar, however, with the past volumes and have had frequent. occasion to consult them, and have seldom, been disappointed in ever, ing them something that in needed. The present volumes<sup>.</sup> have every appearanc of sustaining the high repute of their predecessors. Such a work in its preparation must entail a vast amount of labor upon the editor and his collaborators, and they are to be congratulated and thanked also for such a useful reference book.

We notice that the volumes for this year are quite profusely illustrated, many of the illustrations being full-page half-tones. We doubt not that the work will continue to merit its popularity.—Philadelphia Medical Journal.

A Manual of Materia Medica and Pharmacology. Especially designed for students of pharmacy and medicine, as well as for druggists, pharmacists, and physicians. By David M. R. Culbeth, Ph. G., M. D., Professor of Botany, Materia Medica and Pharmacoynosy in the Maryland College of Pharmacy, etc. Second edition, enlarged and thoroughly revised. Four hundred and sixty-four illustrations. Lea Brothers & Co., Philadelphia and New York. 1900.

In this revision the author has corrected the numerous errors that are inseparable from a first edition and included those new preparations and ideas which have been exploited since the first publication of the work.

The plan of the book is almost identical with that of the previous edition. All those substances having a common or allied origin are grouped together, those next related following in regular order.

Measurements and doses are given in the metric system, with approximate equivalents in the apothecaries system in the hope that this arrangement will make a stronger mental impression and become a factor in metric education.

The physiological action of leading drugs, their incompatibilities and synergists has been given in greater detail, and the account of poisons and their physiological and chemical antagonists is more comprehensive.

Some slight changes have been made in the nomenclature and a chapter on prescription writing has been added.

Bird-Lore states, on the authority of Governor Engelhardt, of Archangel, that the demand for the wings of grouse for millinery purposes has become so large that in the past four years nearly two million of those birds have been killed in that province, while a single shipment from Archangel, on August 18, 1898, contained ten tons of grouse wings! As these birds are of great value for food, their threatened extermination raises a question in economics of the first importance.—The MacMillan Company for December.

Medicine as a Business Profession. This is rather a treatise than a paper. It was read before the winter meeting of the South Bend Medical Society and is published by the Riverton Press of Chicago. The author, Dr. Lydston, is always interesting and is very versatile. His "Over the Hookah," his "Panama and the Sierras," his serio-comic-drama on Sir Walter Raleigh's defense before Queen Elizabeth for breaking wind in her august presence -recited, but possibly not printed-and even his ponderous work on the "Venereal Diseases," are all examples of his lightness and variety in literature, and have done much to add to the gaiety of our somber profession. Of late Dr. Lydston has posed as the "Peeping Tom" of the profession, writing a number of decoy letters to surgeons in order to show that division of fees by certain specialists and the general practitioners was not uncom-The specialists were mainly his neighbors; the distant Philadelphia Medical Journal was his literary vehicle. In the "gentle art of making enemies," of which he is easily a past master, these letters and their deductions were an eminent success.

We read the "Medicine as a Business Profession" with interest and profit.

His object is purely noble and altruistic—to champion the cause of the good physician, "the under dog in the battle of life," and this function of the essay is emphasized by his easy habit of dropping into poetry. The entire essay is vivacious and interesting and will stir up the readers to better business methods.

American Text-Book of Physiology. Edited by William H. Howell, Ph. D., M. D., Profesor of Physiology in Johns Hopkins University. Vol. II, royal octavo, of nearly 600 pages, fully illustrated. Cloth \$3.00 net; sheep or half-morocco, \$3.75 net. Philadelphia and London: W. B. Saunders & Co, 1900.

The chapter upon the Central Nervous System has been entirely rewritten in the light of the latest knowledge, with the intention of rendering this important branch of the subject suitable to the needs of students and practitioners. A section on Physical Chemistry forms a valuable addition, since these views are taking a large part in current discussion in physiological and medical literature.

The first edition of this work was pronounced to be the best exposition of the present status of the science of Physiology in the English language, and in its revised form the book will doubtless remain the leading work on Physiology for students and practitioners. The subjects comprised in this volume are: Muscle and Nerves; Central Nervous System; Special Senses; Special Muscular Mechanisms, and Reproduction.

Littell's Living Age is printing the "An Englishwoman's Love-Letters," a remarkable series and a literary puzzle. The leading article of February 28th is by Leslie Stephen on Prof. Huxley, probably incited by the "Life and Letters" just published by his son. Here is a fine analysis of the religion of Huxley. His strongest conviction was that the one road to the alleviation of human suffering was veracity of thought and action and the facing of the world as it is. Huxley wrote to Romanes that the only religion which ap-

pealed to him was "prophetic Judaism." Add to it something from the best Stoics, and something from Spinoza and Goethe and there is a religion for men. "Materialism and Spiritualism were to him opposite rules of the same absurdity"—that of assuming we know anything about spirit or matter. The magazines are full of Huxley estimates due to his son's recent publication; this of Stephen's is the best we have read on the religion of the great agnostic, the bulldog of Darwin, and one of the most influential and helpful polemic writers of his generation.

A System of Practical Therapeutics. By eminent American and foreign authorities. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics, Jefferson Medical College; Physician to Jefferson College Hospital, etc., Philadelphia. New (2d) edition, thoroughly revised. In three very handsome octavo volumes, containing 2,593 pages, with 427 engravings, and 26 full-page colored plates. Per volume, cloth, \$5.00, net; leather, \$3.00, net; half-morocco, \$7.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1901.

The second volume of this great work shows on every page its practical character and the endeavor of its editor and author to furnish exactly that aid for which every physician, and especially the general practitioner seeks in times of doubt and anxiety.

Comparatively few physicians have the opportunity to benefit by a long experience in a large hospital, nor can all practices in great cities where diseases of every sort are met with invarying types and phases. The value of this work then to the general practitioner cannot be overestimated, giving as it does in careful detail the most recent accepted methods of treatment in the chief medical centers.

The second volume contains able practical sections on the following subjects:
Typhoid Fever (new). By H. A.

Hare, M. D., Philadelphia.

Malarial Fevers. By James M. Anders, M. D., L.L. D., Philadelphia.

Smallpox. By William M. Welch, M. D., Philadelphia.

Varicella, Rubeola, Rubella, and Scar-

latina (new). By J. P. Crozer Griffith, M. D., Philadelphia.

Yellow Fever (new). By D. T. Laine,

M. D., Havana.

Dengue (new). By J. W. McLaugh-

lin, M. D., Galveston.

Acute Tonsilitis and Influenza, Acute Articular Rheumatism (new). By Frederick A. Packard, M. D., Philadelphia.

Diphtheria (new). By Floyd M. Cran-

dall, M. D., New York.

Spasmodic Croup and Rickets (new). By Floyd M. Crandall, M. D., New York.

Diseases of the Mucous Membrane of the Mouth, and Mumps (new). By Floyd M. Crandall, M. D., New York.

Pneumonia, Croupous and Catarrhal (new). By H. A. Hare, M. D., Phila-

delphia.

Asthma, Bronchitis and Whooping-Cough. By Norman Bridge, M. D., Chicago

Acute and Chronic Organic Diseases of the Heart. By W. H. Thompson, M. D., LL. D., New York.

Diseases of the Blood-Vessels. By Frederick C. Shattuck, M. D., Boston.

Nervous Diseases of the Heart. By Sir Lauder Bunton, M. D., Sc., LL. D. Edin., LL. D. Aberd., F. R. C. P., F. R. S., London.

Diseases of the Stomach. By Thomas

G. Ashton, M. D., Philadelphia.

Diseases of the Liver, Gall-Bladder, Hepatic Duct, and Spleen (new). By John H. Musser, M. D., Philadelphia.

Diarrheal Diseases and Dysentery. By W. W. Johnston, M. D., Washington.

The Intestinal Parasites. By H. A. Hare, M. D., Philadelphia.

Diseases of the Kidneys. By N. S.

Davis, Jr., M. D., Chicago.

Headaches and Neuralgia. By Wharton Sinker, M. D., Philadelphia.

The Drug-Habits. By F. X. Dercum,

M. D., Philadelphia.

The Disorders of Sleep. By Hugh T.

Patrick, M. D., Chicago.

Locomotor Ataxia, Acute Infantile Spinal Paralysis, Myelitis, and Amyotrophic Lateral Sclerosis. By M. Allen Starr, M. D., Ph. D., New York.

Apoplexy, Brain Tumor, Spinal Tumor, Meningitis, Cerebritis, and Neuritis. By Charles K. Mills, M. D., Philadelphia. Spasmodic Affections of the Nervous

System. By Joseph Collins, M. D., New York.

The Medical Affections of the Nervous System. By Joseph Collins, M. D., New York.

The Medical Treatment of Insanity. By H. M. Bannister, M. D., Kankakee,

Hospital Treatment of Insanity. By Edward N. Brush, M. D., Baltimore.

The Modern Treatment of Diseases of the Skin. By Henry W. Stelwagon, M. D., Philadelphia.

Littell's Living Age. All the conditions of periodical publication have greatly changed since Mr. Littell established this magazine in 1844. It is still the only weekly magazine in its field, and its frequency of issue enables it to reproduce the most important articles from foreign, and especially from British magazines, reviews and literary weeklies, with a freshness impossible under other conditions. Literature, art, science, biography, travel, poetry, public affairs, and the best fiction in short and serial stories find a place in its well-stored pages; and there is not a single weekly number which does not contain something which intelligent readers of whatever special tastes would be poorer for missing. The magazine is published by The Living Age Company, Boston, at \$6.00.

A New Medical Journal. The Medical Association of the State of New York has given birth to a new journal called The New York State Journal of Medicine. It is the official organ of the New York State Medical Association. It is a monthly journal. Vol. I, No. 1, was issued January 1, 1901. This new venture is under the editorship of J. H. Burtenshaw (chairman), Dr. J. W. S. Gowley, Dr. F. H. Wiggin, Dr. Stephen Smith, Dr. W. R. Townsend, Committee on Publication.

#### Pamphlets, Reprints, Trade Booklets, Etc.

Protonuclein in Medical and Surgical Practice. From Reed & Camrick, Jersey City.

An International Resume upon the Use of Diphtheria Antitoxin. This is a very artistic sample of trade printing, and at the same time will do much to stimulate the use of antitoxin in diphtheria, as over 60,000 of them are sent to the physicians of the United States and Canada. The essay is by Dr. Edwin Rosenthal, chairman of the section on diseases of Children at the Atlantic City meeting of the American Medical Association.

The American Ferment Company of Jersey City sends a pamphlet containing articles on the removal of tattoo marks by caroid; also its use in typhoid, asthma,

ætc.

E. Fugura & Co., of New York, send a very pretty trade pamphlet advocating the use of their yeast, Morrhool, Santal Middy, etc., in disease.

Dr. Senn, of Chicago, sends a description of a compact dissecting case for army use, an article on "The Physician as a

Scientist."

Dr. Carl Beck, of New York, sends a half-dozen papers—English and German—on a great variety of topics. He is certainly a versatile operator and teacher. "The Failure of the Concensus Judgment with Reference to Tuberculosis," by Dr. Chas. Denison, of Denver, is a good re-

Physicians' Formulary and Price List, the trade booklet of Wm. R. Warner & Co., was left in our office by "Deacon" Roach, of Louisville, whose only lack of qualification is a medical degree. He is better known in the circles of the American Medical Association than some of its presidents and trustees. To move the bowels of our person and compassion he left a bottle of granular effervescent phosphate of sodium, which he assures you works while you sleep, and is always useful for "yaller janders" dependent on catarrh of the stomach and bile ducts. And the Deacon smiled as though he were telling you the gospel truth and believed it himself. He still "affects" the silk hat and has that clerical look which involuntarily puts you on your guard.

Distribution of Connective Tissue in New Growths. This is a finely ilustrated histo-pathological study by Dr. W. C.

White, of Johns Hopkins.

The Immediate and Remote Effects of Athletics upon the Heart and Circulation. This is by Dr. Alfred Stengel, of the University of Pennsylvania, and is of great interest to athletes, trainers and hygienists.

Diagnosis of Diseases of the Stomach. This is by Dr. Chas. D. Aaron, of Detroit, and is a practical and useful essay.

#### A Second Yellow Fever Victim.

Dr. Myers, who went to Brazil with the Liverpool expedition to investigate yellow fever, has fallen a victim to the disease. He had left Cambridge but recently to take up this work. He was in his twentyninth year.

#### Justice Brewer on Lynch Law.

Address at Yale:

"Lynch law may now be said to have become almost a habit of the American people. Lynch law is a blot, a terrible blot, on our national life. It used to be said that it was one of the worst evidences of the lawlessness that prevailed in our frontier life. I have seen it operate in such communities, a society where the machinery of the law was not yet in full operation. But now alas, young men, scarcely a day passes that we do not learn that the people have taken the law into their own hands, as the remark is, somewhere in this country.

"There is a form of disobedience to constituted authority which has become perilous and which is freighted with danger. I refer to the troubles known as strikes. As the employers may act in a body so the employes may treat with them as a body. If compulsory arbitration becomes a law, they may possibly be coerced. If it be wise political economy to combine and nobody be permitted to work until he is a member of the organized body let there be such an enactment in law. But until there is such law there must be no curtailment of the inalienable rights of the peo-We have to-day in Kansas another picture, that in which a community has arisen in indignation and is destroying saloons.

"Now there is a wave of spasmodic virtue, and Mrs. Carrie Nation hopes to succeed John Brown. But spasmodic virtue is the poorest virtue any one can have. It

is next door to intentional vice. It may be that for a little while there will be a great effort to stop the sale of liquor and saloons will be closed, but the ultimate result will be that officers of the law who have been delinquent in their duties and the communities generally will become more indifferent. Ten years from now conditions will be worse than they have been."

### Retention of the Philippines—Medal for Dr. Mendenhall.

NEW YORK, Feb. 20.—The retention of the Philippines by America was urged this evening at a meeting here of the Geographical Society. The speaker was Dr. George Beckner, agent of the United States Geological Survey. Seth Low, President of the society, presided. Prior to the address of the evening President Low, in behalf of the society presented the Collum Geological Society medal to President T. C. Mendenhall, of the Worcester Polytechnic Institute. Dr. Mendenhall, President Low said, had occupied professorships in the Ohio State University, the Imperial University of Japan and the Rose Polytechnic Institute of Haute, Ind., and was about to retire from the presidency of the Worcester Polytechnic Institute, but it was for his services as the head of the United States Coast and Geodetic Survey and as a member of the Alaskan Boundary Commission that the medal was awarded.

#### Thackeray on the Gentleman.

Thackeray, winding up his lecture on George IV, asked of his audiences: "What is it to be a gentleman? Is it to have lofty aims, to lead a pure life, to keep your honor virgin, to have the esteem of your fellow citizens, and the love of your fire-side; to bear good fortune meekly, to suffer evil with constancy, and through evil or good to maintain truth always; Show me the happy man whose life exhibits these qualities, and him we will salute as gentleman, whatever his rank may be."

The History of Medicine in the United States. By Francis Randolph Packard, M. D., of Philadelphia. Octavo. Cloth, gilt top, deckle edges. 526 pages, 25

full-page illustrations. J. B. Lippincott. Co., Publishers, Philadelphia. Price \$4.00 net.

A collection of facts and documents relating to the history of medical science in this country, from the earliest English colonization to the year 1800; with a supplemental chapter on the Discovery of Anaesthesia.

Dr. Packard's "History" covers an interesting and comparatively unexplored field, appealing to every physician who is interested in the splendid past of his profession. It is not merely the annals of so-called medical centers, but is an account of the rise and progress of medical science throughout the entire country. The author has had access to many original documents and sources of information hitherto unused, and the result is an authoritative book of reference.

Few are aware of the prominent part taken by the medical profession in civil and military affairs during the colonial and revolutionary periods. The records of the great epidemics of yellow fever, smallpox, and other diseases which from time to time swept the country, lie buried in contemporary letters or newspapers, and rare pamphlets.

The English, Scotch, and Continental sources of American medical knowledge, and the circumstances attending the establishment of American schools of medicine, have not hitherto been adequately traced, and the modern physician has devoted but little time to the study of the beginnings of the colleges, hospitals, and medical societies in which he does so much of his life's work. All of these subjects and many others bearing on early medical history are thoroughly entered into. book contains many handsome illustrations, most of them from rare sources, and a number from originals never before reproduced.

#### Dr. Samuel N. Quillin.

Dr. Quillin has moved from Carp, Owen county to Linton, Greene county, which will hereafter be his permanent home. Dr. Quillin was elected Coroner of Owen county last November. The Commissioners have appointed Dr. Wilford Hickam, of Spencer, as Coroner. Dr. Quillin was president of the Owen county Medical Society.

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INDIANAPOLIS, APRIL, 1901.

{ Price, \$1.00 a Year { Whole No. 226.

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#### Reviews and Book Notices.

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## Indiana Medical Journal.

VOL. XIX.

INDIANAPOLIS, APRIL, 1901.

No. 10. ·

#### Addresses and Original Communications.

#### THE PROBLEM OF APPENDICITIS FROM THE MEDICAL AND SURGICAL POINTS OF VIEW.\*

BY ROBERT ABBE, M. D., OF NEW YORK.

Mr. President and Gentlemen:—When I was asked to address this meeting upon a subject of common interest to us all, I felt that thought and experience justified the choice of a topic of such widespread interest as the one I have chosen, even though the literature of the past few years teems with contributions to the subject. It needs no apology that I should speak of that which has appalled the modern surgical world by its gravity and ravages, and taken from us some of our best leaders and workers-Agnew, Little, Griswold, Lincoln, and a host of others which has come to the doors of our homes, and strikes so quickly and so fatally when it does come. The subject has few rivals in the surgical field, and takes rank today with typhoid, pneumonia, and rheumatism, in medical thought. Surely, when the active surgeon of to-day can number one hundred operations for diseased appendices yearly—and there are a dozen such men in this city and in other cities in the same proportion—we begin to grasp the importance of the subject and its menace to the community.

Surgical propositions and novelties loom up from time to time before the profession with apparent significance, only to be lost to view and to memory in another year. They die young, because the estimate of their importance is erron-

eous, but this subject lingers in the eye of the profession.

The problems of surgery to-day are fewer than they were twenty-five years ago, although there is vastly more surgical work done. This period has seen great changes in the class of cases that fall into the hands of the operator. strangulated hernias were extremely common; to-day, owing to the vast number of radical cures, they are comparatively Pyæmic joints and abscesses were then the daily care of the surgeon; to-day they constitute a small proportion of active work. Abscess of the kidney, so fatal then, is now relatively infrequent, owing to care in preventing cystitis with ascending infection, due to the use of impure Aneurisms and tertiary bone lesions are comparatively rare, owing to better understanding of primary and secondary disease. Tuberculosis lesions seem to me, also, to be much less common, owing to more careful isolation of the infected subjects, better house sanitation, and milk and food control. In fact, it would seem that the statement were almost true, that no profession is doing as much as ours to end its own existence. Yet, as soon as one problem is put upon the list as better understood, another comes up for solution. We may rightly take the view that this subject of appendicitis is as capable of expression and demonstration as a problem of algebra. There is yet a widespread division in practice as to the wisest care of any case, but if the theory and knowledge of the subject were presented before two equally discerning minds, they would both arrive at the same logical conclusion. I speak, therefore, of this problem of appendicitis, not with the intention of reviewing its history, or wearying you with statistics, or to exploit any of my own; not to make an exhaustive consideration of the subject,

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to enumerate the numberless contributions to its literature, nor to reiterate the oft-repeated methods of operation; not even to dogmatize as to what should or should not be done. I would simply present those comprehensive and essential features seen by those of us who come in close contact with the internal appearance of the appendix and surroundings, features which are unknown to the practitioner who rarely sees the diseased organ. Each physician must satisfy his own conscience as to his advice to the patient when he has once comprehended the subject. The question, as still in the public mind, is, "Have we entered on a cycle of epidemic appendicitis analogous to one of diphtheria or plague, or is the conspicuous appearance of the disease like the similar sudden discovery of pneumonia within the professional recollection of most of us?" If it is an epidemic, it will be found to present a group of symptoms unlike those of any disease of previous years, but if it is the result of better understanding of an older disease, classified under a newer name, just as pneumonia was sifted out of the greater group of "congestion of the lungs," which formerly included pleurisy, suffocating bronchitis, etc., then we shall find the symptoms in older text-books so described that we can identify the disease there.

The public continues to ask the physician what was appendicitis formerly, and he answers: Probably it passed under the description of "inflammation of the bowels," or "peritonitis." It is true that less than a generation ago numberless people, in the course of summer travel, were stricken with so-called inflammation of the bowels or peritonitis, and died.

Now, we hear of no one so reported, but it is said, "he had an attack of appendicitis, was beyond the reach of a surgeon and died," or "So-and-so had an attack of appendicitis, was operated upon and recovered." Hospital statistics show the same changes of tabulated diseases. It is merely a new name, not a new disease.

Before we can consider the subject intelligently, we must perfectly understand the morbid condition existing in the appendix, which is the cause of the outbreak. There is no aid to an understanding of the subject at all to compare to seeing the exact physical state of the organ as shown in a large series of preparations. I cannot but feel that if we keep this in the mind's eye, it illustrates every new case which one is brought to face. While it is true there are no two morbid specimens entirely alike, the universality of the presence of internal stricture, of septic infiltration, and of obstruction leads to all the destructive sequelæ.

I wish first to present for careful study a sufficient number of specimens, selected from several hundred and arranged in groups of ten, which will amply illustrate Most of these preparations these facts. have been removed in the interval between attacks, or at the onset of an acute one, and therefore represent the morbid condition always lurking in the part. It has been customary, on removing an appendix, for the operator either to passinto it a probe, or to cut it with scissors, or to drop it into alcohol, for pathological study, where it shrinks to a hard meaningless remnant. But in no such way is it possible to grasp the conditions presented by the disease. The preparations here shown have all been treated by first distending them with alcohol and hardening them in it; then cutting them lengthwise, thereby demonstrating the tightness and number of strictures, the pocketing of the appendix, and the condition of the contained stone in view. (See Medical Record, July 10, 1897.) The resulting demonstration is of the utmost interest. One can see most graphically the cause of all symptoms. Observe in this first series, for example, "single strictures." You wilk see them near the colon in one-near the distant end in another. All are quite tight, permitting only a bresile to pass, and you will see a horse hair passed through some of them to direct the eve to it. In one only of the single strictures, which have been removed for the attacks they have caused, is the size reduced to but a third of the normal calibre, and that gave serious trouble, because the distention of a six months' pregnancy bent the appendix and closed the stricture, producing for the time mild septic symptoms.

Observe others with multiple strictures, each tight enough to permit alcohol to pass through and distend the next cavity in the appendix, so that five or six success-

ive strictures and channels are seen. When removed from the body, these pockets contain muco-purulent fluid, sometimes pure yellow pus, full of infectious bacteria. The colon bacillus is always present, and by authorities is considered the most virulent. The symptoms dependent upon this pathological finding are more apt to be found in the recurrent variety, alternating between a severe colic with slight fever and an attack of so-called indigestion, with three or four days' detention Indeed, it is this, more than at home. other forms, that is found in patients reduced to chronic dyspepsia and invalid-

Observe another series in which concretions have formed. Many have been found in the cases of interval operation, but more are removed in the acute, grave, septic cases, in which fortune has brought the patient to operation in the first two days before destructive processes culminate.

The ever-present bacterial activity reduces the morbid effete material within the appendix to a condition capable of expulsion into the colon, or of absorption. So bacterial action, ever going on around the rootlets and sacs of the great trees and plants, breaks up and prepares nutrition for absorption from nature's mould and refuse in the earth.

But, as you see in several specimens, a momentary blockade occurs, interior tenrapidly arises, the bacteria aroused to more virulent action; the walls suffer anæmia, devitalization, and necrosis, and give way at the weakest point, opposite to the pressure point of the stone. Now begins an instant change which has been hitherto spoken of, but which is demonstrated by scores of specimens, and to understand which, gives a clew to most of the spontaneous cures. Immediately the evacuation takes place, if it be sudden, either by rupture or by overcoming the resistance of the stricture and emptying into the colon, there is a prompt swelling of the lining membrane, which fills the tube and obliterates the space previously filled by the pent-up fluid.

Being impregnated with bacteria, it is inflamed and usually sheds its epithelium, so that a synechia or sealing of the opposing walls promptly follows. If by good fortune the thrown-out material is kindly disposed of by nature, there is an end of the trouble forever. A partial sealing, however, sometimes occurs, and a remnant of the canal remains to produce further trouble.

A series is here shown of such overgrowth of the lining membrane and subsequent occlusion, both in the acute septic swollen condition and in the later obliteration, and tells the story to you of many spontaneous cures better than words can describe. The student will not be deceived, however, by thinking that this ending is to any large extent the rule. a matter of fact, it is the great exception. It tells us lucidly what we all wish to know, how a large number of grave attacks culminate in their own destruction. One or two of the series are of interest in illustrating the fact that even a completely obliterated cavity may leave an atrophied organ, which is the seat of disabling neuralgia, requiring its removal, which ends in restoration to health.

I have arranged one series of appendices, whose interior showed only small follicular septic ulcers. In looking at these, as at the others which have perhaps a more angry appearance, one must supply in imagination the putrefied contents which have been cleaned away in the preparations.

To all students of pathology, however, the ulcerations here shown, with points of entrance for poison, are ample evidence of the cause of slight septic fever accompanying the attack, for which they were removed. In some, the ulcer is a ringhalf-way like furrow, or two-thirds around the tube, and, if they progressed to healing, would have in time resulted in linear structures. It is capable of demonstration that an appendix once thus diseased does not again restore itself to normal health, because of its internal de-The detention of its contents, formity. when once a stricture begins to form, converts it, as it has been aptly said, into a veritable culture tube.

The idea embodied in the word "catarrhal" appendicitis is, in the main, a correct one, and yet it so feebly expresses the morbid condition present in an attack of the disease that it should more properly be confined to the initial stage. Excluding the rarer cases in which foreign bodies are entrapped, or in which

the kinking of the appendix from its short mesentery produces "obstruction"—the origin of the stricture is found in one of two causes: either the cicatrizing of the septic linear ulcer, or the contraction of the catarrhal inflammation antedating the stricture by many years. The age of the stricture is of the greatest importance in studying the subject. We know from similar contractions, resulting from inflammatory conditions in other parts, esophagus or urethra, that many years often clapse before the closing is sufficient to give trouble; so in many cases of appendicitis in which study of the removed appendix shows one or more strictures, we follow back the history of attacks from five to twenty-five years, and thus can definitely say that such length of time was taken to develop the final grave conditions. We may say, therefore, that in the earlier years of life an infantile colitis, or a simple influenza, must have been the primary cause of an invasion which lurked in this, the only pocket of the alimentary canal, while the disease was swept from the main channel.

From this study we may say with absolute certainty that the first attack of appendicitis recognized by the patient is in most cases the end of the disease, for the appendix shows the presence of a stricture which must have existed for many years. If one disputes this point and says that strictures sometimes form very quickly, we still have a considerable number of these specimens which we have studied that have behind the stricture a concretion which there is every reason to believe had taken years to form.

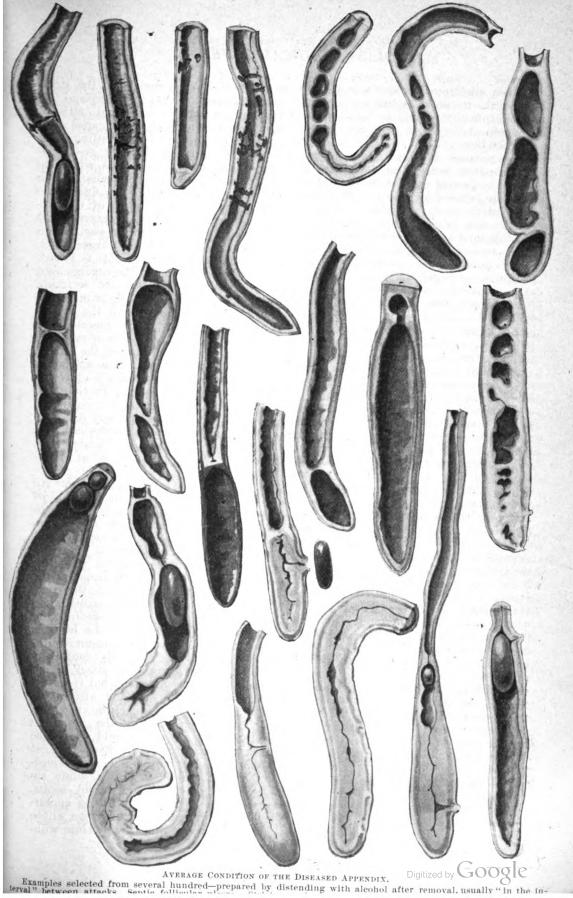
At this point let us understand exactly what these concretions are which you see in many of the specimens. Observe, first of all, that they are always on the side of the stricture farthest away from the colon. Their composition is of particular They vary in hardness according to their age. It is rare to find any food products in their composition. They always contain a large proportion of desquamated epithelium mixed with pus corpuscles, the whole teeming with bacteria. If they are of harder variety, they are apt to be laminated and contain needlelike crystals and sometimes calcareous incrustations. These are indubitable proofs of the long existence of the stricture.

With some recent writers the erroneous idea still prevails that these concretions are formed in the colon and drop into the appendix, dilating it and producing trouble, but the fact that the concretion is always on the distant side of the stricture shows that it has grown where it is found.

Evidence is, therefore, complete that the stone does not begin to form until the stricture has contracted to so small a calibre that the exfoliated epithelium is unable to work its way into the colon in the ordinary process of elimination. the fluid contents of this terminal pocket alone pass through the debris of epithelium left behind, irritating by its presence, begets proliferation, pus cells, and other evidences of decomposition. It is hard to conceive that this process could take less than a few years. I have recently had one case in which a gangrenous appendix containing a concretion had been preceded twenty-five years by a mild but typical attack.

In no case have I found concretions which were not detained by very tight strictures and composed of a desiccated cast-off epithelium of the appendix. These concretions will always be found packed in close to the stricture, which is a most important consideration in understanding the mechanism of acute attacks. The hard oval body acts exactly like a ball valve, or like a gall stone in the gall bladder, and when its presence has induced necrotic changes we will almost always find perforation at the point at which it presses.

To return to the possible primary cause of the catarrhal condition, I have twice removed an appendix a fortnight or more after the subsidence of appendicitis in conjunction with an acute attack of influenza, in both of which smart vomiting, fever, and exquisite tenderness of the appendix had ushered in the attack, and in which at operation acute inflammation with follicular ulcers of the mucous membrane of the appendix existed without stricture, thus illustrating that long after the thrown has off the symptoms the appendix harbored this lurking infection. It is fair to presume that several years might have elapsed before the appendix would have had secondary strictures and a new variety of septic disturbance.



These illustrated Draper's suggestion that in the recent widespreading epidemic of influenza there might be found an explanation of the origin of many a sequel

in appendicitis.

It is seriously suggested that gout may be a causative factor in producing appendicitis, in view of the fact that minor attacks are relieved by salicylate of sodium and dietetic treatment, that it is occasionally seen in otherwise gouty subjects, and that mild joint inflammation is some-Against this we have times associated. the argument that appendicitis occurs largely in youth and childhood; that operation always discloses a mechanical cause for an attack; that the peritonitis is uniformly of bacterial origin and not from gouty irritation; and that the type of joint disturbance is that of a low-grade pyæmic infection.

Above all things, we must consider the mechanical condition revealed in this study as absolutely the essential fact in every recurring attack. The tightening stricture, the multiple pockets harboring the bacterial colonies, and the calculi therein formed, must be remembered by every practitioner as being invariably present in each case of recurring appen-The study of the appendix removed in the interval, when to all appearances the patient has been cured, shows the almost inevitable future recurrence of these attacks. To understand these morbid states elucidates and explains all the symptoms connected with disease, and is the keynote of the entire situation. It stands proved beyond question that, between attacks, the strictured condition frequently shows no tenderness, and usually the appendix is impossible of palpation, even after years of recurrent trouble. have preferred to speak of this condition as "latent" rather than chronic appendicitis, because the word "chronic" carries with it the idea of ever-present disease, which one would think could be felt, while as a matter of fact this particular organ has the property of hiding itself from discovery between attacks. It presents a "latent" danger, and the term expresses the hidden rather than the chronic aspect of the disease.

Given an appendix with one or more reasonably tight strictures, it is only necessary to produce transient congestion to swell the tissues and block the stricture. Hence it is easy to understand the frequent recurrence of slight attacks, which are seemingly dependent upon such incidents as a violent fall, wrestling, long bicycle rides, eating clams or green apples, or various other accidents, which, to the public, seem adequate cause. acute attack, however, is really due to the general vascular disturbance of the alimentary canal, in which hyperæmia and excitement the appendix takes part. Even the menstrual disturbance provokes such acute attacks when the trouble is latent. The immediate sequel of the engorgement and blockade is an increased secretion within the shut-off tube. With increased bacterial activity, the size of the appendix is at once inordinately increased by the distention. This is demonstrated by operation done at the onset of the attack, when the surgeon often finds an appendix, which should be the size of a lead pencil and three inches in length, distended to the size of the finger and five or six inches in length. When it is cut away it immediately shrinks to nearly its normal size, but when again distended with alcohol it reproduces the condition found at operation.

In this interesting elongation, the tip of the appendix will be found capable of a wide sweep among the bowels. It pushes across the median line, or to the bottom of Douglas' cul-de-sac, or sometimes upward to the liver. Under this high tension the penetration of bacteria, whose increased virulence is greatly enhanced by the pressure into and through the coats of the appendix, excites an immediate leucocyte exudation, so that thickening and ædema rapidly follow, and the bacteria penetrate the unbroken peritoneum. Without operation one can only conjecture what the early hours of an attack of appendicitis exactly represent, but if a physician could be present and witness the findings on first opening the abdomen during an acute attack, the appalling picture often presented would startle the most conservative mind. Even in most attacks which would subside under medical care the swollen, purple, slimy appendix, often bathed in turbid serum, presents an angry and menacing appearance. This unpromising condition will be quickly overcome when the pressure within the appendix is sufficient to overcome the stricture and discharge its pent-up fluids into the colon. At a later attack, the stricture being tighter, the infection and destruction having proceeded still further, we may see an appendix altered from a mahogany color of capillary stagnation to the poisonous green appearance of beginning gangrene. Nothing more perilous to human life can present itself to the eve of the operator, and yet, grave and threatening as it appears, we see a stage of the decay of the tissues that precedes the formation of abscess in man; of those cases which may be even conducted to a natural cure without operation.

Again we find in very early operations the distended appendix covered with thick gray membrane, no less virulent looking than diphtheritic patches in the throat. This seems to be the most severe challenge to nature for cure. The surgeon is prone to present such gross and offensive organs to the physician for whom he is operating, and challenge the belief that a few more hours would have produced a fatal It becomes the privilege of those who study both the conditions at such a crisis in the disease, and of other conditions discovered at the time of operation in the interval between attacks, to show that nature is perfectly competent to cope with any of the gravest forms of disorganization in a limited number of cases—a very limited number, as attested by the long death roll.

When we have learned from experience that there need be hardly any deaths when operations are properly done, no matter how acute the stage, we see a contrast that does infinite credit to modern sur-

The glaring inaccuracy of comparative estimates of cures by medical and surgical measures is self-evident when we realize that every case coming to operative cure represents from five to twenty medical cures, for careful search of the histories shows every patient to have been under physicians, time and again, in previous years for a two days' or a week's illness, and each time "cured." I remember, some years since, the illustrious Dr. Loomis told me he sent almost all his appendicitis cases out of the hospital "cured;" that is, he said, "frequently with a small hard lump still remaining inside." So when Ewald says 90 per cent. are cured by medical means, it means only that a lull has occurred, and that "latent" trouble remains each time, though the patient does not feel it then. It is the rarest incident to have a patient unable to recall past attacks, and we must add to those recalled a few more that most patients forget, in the beneficent oblivion to which nature

consigns our memory of pains.

We must reconcile the ever-recurring difference between the medical and surgical view of the subject. The physician always wants to postpone, and the surgeon does not dare to take the responsibility of The physipostponing. Why is this? cian who says he has always "cured" with medicine has made his observations most carefully. That he is conscientious and consistent no one questions, and it becomes the duty of the surgeon to acknowledge to him that the evidence presented in the abdomen, in the region of the appendix, as found by the surgeon in the operation done in the interval between attacks, proves the correctness of the medical view; that, without the aid of the surgeon, nature is often capable of coping with the very gravest complications unaided, and of restoring the parts to almost a normal condition, so that it ill becomes the surgical observer to deny any case of possible restoration to health. It remains with him simply to show that the vast number of so-called "cure" are of a mild attack, while the disastrous ones may possibly undergo spontaneous cure, though it be rarely. Some of the exhibited appendices were removed after recovery to health from patients who had unquestionably experienced general septic peritonitis from a rupture of the distended organ, which had scattered its putrid contents widely through the abdomen, begetting a profuse septic effusion, with intestinal paralysis, tympanitis distention, and profound septicæmia. tion after recovery showed universal intestinal adhesions; a cicatrized point of rupture on the appendix, and concretions and stricture within it, awaiting another opportunity for trouble.

Again, when the preparations are studied by the method demonstrated to-night, one frequently finds, long after grave attacks, the cicatrized perforations sometimes at two points, indicating different attacks, and noting but a few adhesions to show the remarkable power of nature in clearing up the infection. Around such a point one will occasionally find buried in the adhesions the remnant of an old abscess of large size, dried down to perhaps a teaspoonful of sterile yellow debris. Although this is often seen in other parts of the body, it is nowhere more impressive than when found so close to vital parts.

One noteworthy specimen shows the appendix open at two points into the intestines, where it had discharged numerous calculi, some of which yet remained in it.

It must have happened to every operator, as it has to the writer, either to have been refused the privilege of operation, or himself refusing to operate in cases nearly moribund, that the patients have recovered, more often perhaps by the spontaneous evacuation by ulceration into a Yet to the surneighboring intestine. geon these cases are not offset to the hundreds of cases of fatal attacks which happen every year, all of which were failures of nature, because of the overpowering infection, and almost every one of which could have been saved by a very early operative procedure. The feeling is growing among experienced operators that no acute case can be at any time more safely operated upon than when first recognized.

Apropos of the query, Why and how do so many of our cases of appendicitis make a spontaneous recovery? we face the marvelous revelations of the intrinsic natural power of recuperation in every form of malady to which our bodies are subject —fevers and injuries as well. We study and we wonder; we speculate on how little human agency has to do with it beyond guiding nature. We aid the fallen giant to his feet, but how little do we do to make him walk. We face the destruction impending in the bacterial warfare against the human organism, and by intelligent guidance we aid the unknown power which restores health. But what that agency is, we do not know. The recuperative power! What is it? Shall we, in this advanced stage of science, still sum it up in the words vital force, that unfathomed thing called "life?" The intelligent act in recovery! Whose was it? Yours, or that something in the patient that made for health? This is an ancient query—not yet answered by the hosts of eager scientists, whose only explanation of the ordinary laws of repair is to ascribe to the cells of the body a natural tendency to restore themselves to normal states, a hereditary tendency to right themselves when wrong, and an adaptivity to defend themselves against assault. The human body, as a whole, is considered an intelligent entity composed of orderly but unintelligent cells.

That has always seemed to me an assumption, and, from analogy and observation, I am quite willing to accept the view that every cell is sentient and acts with a purpose by volition, for will cannot be placed in any cell or group of cells, and why may it not be universal? Does not every fibre of the body cry out with pain; does not each organ resent abuse? Lubbock shows the minute insects, like the ant, to be endowed with a high order of reason; they build, colonize, police, go to war, lay by stores for seasonable use, etc.

The individual cells of the swift-growing mushroom can be studied in their life history, confined for a few hours under the microscope, and each cell is said to display affinities and even affection in relation to others.

Why should we, as trained beings, self-classified as of a higher order, arrogate to ourselves the only capacity to deal intelligently with repair in surgical emergencies? Who among us could do anything, did not the extraordinary novel action of each cell lend its aid in new circumstances of its life?

Those which had for half a lifetime repeated their daily growth, death, and reproduction, suddenly spring into activity in a new role without our volition. The healing of even a mere scratch is a study of orderly, exemplary, and intelligent reproduction of cells after a new plan, as if they had been drilled all their lives to wheel into line, and do exactly what was needed, but which was not their previous habit. A hernia suddenly becomes strangulated! At once an intestinal perisaltic action that had for forty years been downward is reversed, as shown by nausea and other symptoms, as if an engineer reversed his engine to avert danger, and why? For no other reason than to help try to pull the loop of intestine out of the pocket in which it was caught.

We think of elaborate warfare of drilled troops, marshaled by thinking generals, as evidence of God-like intelligence. But what of the revelation of science that most diseases are an invasion by bacterial armies which would conquer, were it not for successful resistance of hosts of infinitely small but friendly cells, acting without our control, attacking the invaders, as the picture has been truthfully drawn, and in vast numbers going to their death, as seen in so-called pus, dead leucocytes merely—soldiers on the field after the battle.

But we stand aghast at the methodical procedure of those who met the invading bacteria, embraced and devoured them literally, and thus compassed the recovery of the patient, for which we and the patient take credit. Observe the invasion of tubercle bacillus in a healthy body. Follow the instant array of resisting cells, the leucocyte attack on the foreign invader, the quick hyperplasia of cells, to barricade and surround the group, the starvation of the prisoner, his death, and ultimate disappearance.

Whose is the glory when incipient consumption is conquered? We arrogate too much when man's intelligent action is placed above that of the individual cell.

In laboratory research and philosophical discussion of the still incomprehensible process of repair, as shown in inflammation, it is easy to say "we must dismiss from our minds all ideas which introduce the conception of something in the nature of an intelligent foresight on the part of the participating cells," but only materialistic prejudice will thus beg the question in favor of the not yet proved adaptability of cells to follow only their hereditary and physiological habit of reparative growth. We may say there are certain innate bactericidal and phagocytic properties of cells "called into action" by the presence of inimical poisonous bacteria. Why not, with equal or greater probability, say, "they enter into action?" It is as just to say that a trout jumps at a worm without volition, or that a beaver builds his dam without thought. In realms of beings of higher development than man, he may be regarded as endowed with less will than he now regards the wonder-working amœba.

The imperfect outcome of Nature's repair at times when she signally fails to overcome disease is no more argument for the physiological rather than sentient action of her component cells, than the trout's leap for a false fly, or the beaver's dam being inadequate for a heavy flood, is proof of lack of intelligence.

The more elaborate proceedings of repair, in the terrible emergencies of appendix disturbance in the very center and vital parts of the body, are seemingly after a design that often the human mind could not rival in ingenuity and sometimes studied success. For instance, the appendix becomes blocked by a stricture at its attached end, and being distended and loaded with deadly contents to the muzzle, smears itself over with a gluey coat and seeks to attach itself to some convenient outlet for its foul contents.

To evacuate into the peritoneal cavity is death to its owner, but if, by care, it can seal itself to another piece of bowel or the bladder, perhaps it can save its owner's life, and discharge into the outer world. It makes the effort!

Very often it succeeds, and we see such amusing accidents as an appendix discharging for years into the bladder, a miscarriage of justice, as it were, but designed—designed to save the patient. Who designed it? Not the owner of the organ. And what established habit of it, or its ancestors, taught it, or left it a heredity that came so opportunely in use? We stand appalled at the efficiency of Nature's methods at times, and yet she is a most bungling surgeon! Wonderful at repair, but a bungling surgeon.

And this idea brings us to consider the fatuous hope that lingers in the mind of all physicians, that what has happened once in repair will occur always; that reliance can be put upon the oft-witnessed success in ending this disease without operation. We may admire her reparative power, but must call her to account for her innumerable failures, and supplement her by the precise and successful methods of modern surgery.

Interest in the subject under discussion is doubly increased when doubtful cases bring the physician and surgeon in consultation; when at times a single symptom will turn the scales of doubt, one could often wish for unerring indications of the diseased appendix. One soon learns that pain over the appendix is not always

present, or when present it may simulate other pains, so that an attack of gravel can be so like appendical colic that only the discovery of a few blood cells in the sedimented secretion of the kidney will tell the presence of irritation of a small stone. Even the most characteristic local descending pain along the cord and bladder irritation may be simulated by adhesion of the appendix to the bladder surface.

The most complete experience of variations in symptoms is often required to differentiate between the disease in question and even so unlike a disease as typhoid fever, which in its onset is well imitated by it.

What has already been so much dwelt upon in the pictorial representation of its pathology, helps us here to understand why the mild pyæmic condition may simulate typhoid, and it becomes a deeper problem than usual to summon other resources, such as the leucocyte count of the blood to determine the diagnosis.

This latter study of leucocytosis has grown to much importance in differential diagnosis. Typhoid fever can often be eliminated, because, if uncomplicated by ulceration, which is wanting in its early stage, there will be little or no increase in leucocyte development.

On the other hand, progressive leucocytosis in which 12,000, 15,000, 20,000 or more are found, indicates a progress in ordinary appendicitis to a certainty of abscess formation.

Again, the sudden development of very marked leucocytosis, with diffused peritonitis, is an argument for the successful outcome of operative work, no matter how grave the appearance of general infection.

Many valuable observations are accumulating, so that we can get much help in diagnosis and prognosis from this newer aid.

It is not my purpose in this paper to enter into further scientific study of the many ramifications into which one might be led, though one may well have attention directed to the variety of hitherto unsuspected maladies of which this little organ is now recognized to be the frequent cause.

Its manner of hiding itself from suspicion is nowhere better shown than in

conditions of profound pyæmia, into which a patient may be plunged after a day of appendix disturbance, followed by an absolutely painless condition when the physician is called on the second or third Then, perhaps, the patient has a chill, and profound pyæmia with graver and graver symptoms follows. The physician is justifiably in doubt of a cause, on account, incredible as it may seem, of the absence of local signs, although a septic phlebitis of the larger veins adjacent to the appendix is present. Several times I have witnessed this local peritoneal anæsthesia masking the real cause of fatal pyæmia.

The resemblance of appendix disease to a large number of internal troubles would afford a chapter in surgery of great importance to the student.

The mimicry of other diseases by appendix disturbances is so accurate, at times, that the physician has to suspect this complication, not only in any case of supposed gall-stone pain, or that of movable kidney, or that associated with progressive dysmenorrhæa, but he must regard the ordinary colic, or the recurrent pains of indigestion to which the "chronic dyspeptic" is subject, as surely due, in many cases, to this cause.

It has been my hope to show that this problem is capable of such demonstration that the ever-recurring difference between the medical and surgical view of treatment should be reconciled.

Easy as it is to fall into the "waiting habit," the medical inaptitude for operation is not consistent with the seriousness of the subject.

Our greatest practical life-insurance companies recognize that a single attack of appendicitis disqualifies from insurance for one or two years; recurrent attacks disqualify until the removal of the appendix.

I have shown: that inflammatory strictures are almost universally present, the foundation and cause of the subsequent disease; that while they are uniformly of slow growth the real mischief does not begin until occlusion occurs; that attacks are often cured by natural method; that a long respite does not mean a cure; that it is impossible to predicate a cure; that, unless the appendix is out, the disease is always "latent," when once it has begun.

In all studies of medical problems, truth spells itself out letter by letter, and it is many years before united opinion allows the knowledge of a topic to be in-

corporated in the surgical creed.

There will probably always be some diseases which will be beyond the successful management of the doctor. This subject, however, has now been lifted from the opprobrium of the past. It is one to which the cynicism of Matthew Arnold cannot now apply, when he says:

Bring not to see me cease to live Some doctor, full of phase and fame, To shake his sapient head, and give The ill he cannot cure, a name!

# ON THE ADVANTAGES OF THE EARLY REMOVAL OF BENIGN TUMORS.\*

BY E. D. CLARK, M. D., OF INDIANAPOLIS.

The value of early surgical interference in benign growths has long been recognized by writers and teachers, but to my mind has not been discussed with that degree of emphasis which it merits. therefore, intend to bring the matter before you anew as I consider it a subject worthy of the most careful thought on the part of every one practicing medicine or surgery.

The great reasons for the early removal of benign tumors may be thus stated:

First. To lessen the danger of becoming malignant.

Second. To avoid damage done important structures by pressure.

Third. The less risk of operation. Fourth. The avoidance of unsightly

Let us discuss these reasons in the order named.

First. To lessen the danger of malignancy.

In considering this question it will not be out of place to briefly consider some of the most prominent theories advanced as Galen, of to the causation of tumors. the second century, says that nearly all tumors are the direct product of inflam-John Burns, in the year 1800, described medullary cancer as a sponge-Virchow says that like inflammation. "many tumors are undoubtedly the product of inflammation, and that it is diffi-

cult to draw a line separating them from those tumors whose origin cannot be ascribed to inflammation." Dr. Woodward agrees with Virchow, saying, "the origin of the first growth was always to be looked for in local influences; former injuries of one kind or other could be affirmed in a large number of cases to have preceded the development of the disease." Samuel, of Koenegsberg, is one of the strongest advocates of the theory advanced by Virchow, Galen, and others. He says, "the idea of excluding, or even limiting, the causative relation of chronic inflammation to neoplasm, leads far astray from the right path." Rindfleisch, in his textbook on pathological anatomy, expresses himself decidedly in favor of a spontaneous origin of tumors. He says, "tumors arise spontaneously, but do not heal spontaneously; while inflammations do not arise spontaneously, but they heal spontaneously." He considers the evolution and involution of tissues to be an important factor in the etiology of tumors. Thus, he explains the development of tumors of the connective-tissue group, by a localized excessive proliferation of connective-tissue elements during evolution in young persons, and the occurrence of epithelial new growths during involution in older persons, by a local proliferation of the superabundant epithelial elements. Mr. Payne applies Spencer's dynamical laws in his support of the idiopathic or spontaneous Herbert Spencer theory. says, "growth is unlimited or has a definite limit according as the surplus or nutrition over expenditure does or does not progressively decrease. Tumors having no function have no expenditure and hence all the force is used up in their growth, and the larger the tumor the more force is liberated and the larger it grows. They are like plants in being almost wholly accumulators; they have no expenditure of force, hence their unrestrained increase in size." Mr. Payne explains the rarity of tumors in voluntary muscle tissue by its strong activity. The supply of nutriment going to the muscle being used in its expenditure of force. Dr. Snow, of London, advocates a theory in which he advances the idea that a depression of the nervous system plays an important part in the formation of new growths. In his paper on the etiology of cancer, based

<sup>\*</sup>Read before the Marion County Medical Society February 26, 1901.

upon two years' statistics from the cancer hospital, he concludes, that nervous depression or mental trouble is the most common cause of cancer. Cohnheim's theory has attracted much attention of late years. He advances the idea that there must have been in the embryo, during its development, an over-production of cells at some point. This over-production may have been limited to some one place; thus, a single organ could contain these surplus cells which might consequently be the starting point of a new growth. Cohnheim cites the experiments of Leopold, who introduced fragments of cartilage from young rabbits into the peritoneal cavity. They were more or less completely absorbed; but when feetal cartilage was used there was produced a growth which resembled an enchondroma. The occurrence of the teratoma, the dermoid cysts, as well as other forms of tumors, are in favor of such a theory. The cause of these growths is explained by Cohnheim as due to an increased blood supply to the part. At the age of puberty there is seen a physiological increased nutrition at different parts of the body; the growth of hair, the change of features, etc., illustrating this. At this period of life the exostosis or the enchondroma often appear near the epiphysial cartilage. Pregnancy often stimulates the development of ovarian cysts or tumors of the The etiology of cancer is ob-The presence of bacteria in carcinomata has been noticed by numerous observers. Councilman says, "it is evident that these organisms form in cancer, and it is probable that they produce inflammations and necrosis in the tumor; and in some cases, possibly, they have some connection with the cachexia, but no evidence has been adduced to induce the belief that they have any causal connection whatever with the tumor." Dr. Welch, in a lecture delivered some five or six years ago, suggested the idea of a plasmodium as the cause of cancer. There is a disease of vegetables caused by a plasmodium. The plasmodium is so intimately connected with the cell that there seems to be an actual mixing of their protoplasm, making it a difficult body to see or isolate. This is very suggestive, but is, at most, speculative, since we have no work to support this view. Bacteria sometimes gene-

rates a substance that has a profound influence on the multiplication, as well as the degeneration of cells, as is well shown in erysipelas. Old, indolent ulcers have been seen to heal during an attack of erysipelas, proving that cell proliferation was stimulated. Malignant tumors have been seen to disappear, showing that a degenerative influence was exerted. I submit. as a possible explanation of the transformation of tumors, as well as of the existence of metastatic growths, that epithelial or connective-tissue foci existing in a lipoma, or any benign growth, may become infected with this peculiar stimulating product of germs, thereby causing an excessive cell proliferation. If one of these infected cells wanders from its original position and lodges in some lymphatic or capillary, it will begin to multiply, as well as its infected progeny, causing what is known as a metastatic growth.

I have discussed the question of etiology of tumors at considerable length, for the reason that I believe them to have a common origin; and, for the further reason, that only a slight change in the histological structure results, many times, in the transformation of a benign tumor into a malignant one. I also believe that the cells necessary to convert a benign tumor into a malignant one are present from the very beginning in those that finally become malignant. The only thing lacking to give such a growth the characteristics of a malignant growth being this unknown influence; possibly the stimulation from well-known pathogenic germs, possibly some specific germ that has the peculiar property of stimulating these foci of epithelial or connective tissue cells into excessive growth. Whether this transformation be due to baccillus, a coccus, a plasmodium, or some vital principal inherent in the cell, is yet to be learned. Whatever the cause may be, there is no room left for doubt on the question of the transformation of benign growths into malignant ones. Formad thinks the change from the benign to the malignant due to the mobility of the cells of the tumor. He does not explain why a cell that has wandered from its original position causes disease. He says, "it is not the want of resistance of the tissues (as is generally held), but simply the getting loose of the normal cells from their place

of attachment, which constitutes the formation of a malignant tumor. It is the mobility of the cells, I think, that condition the malignancy of the tumor. tumor, even the most benign lipoma, would be eminently malignant if the cells comprising it should get loose and travel through the widely open paths of the system of juice channels." The clinical evidence showing tumors which have retained their character of benignancy for years and then suddenly to have acquired malignant characteristics, does not appear to have been questioned; and many surgeons, such as Klebs, Billroth, Sir James Paget, Dr. Gross, Mr. Bryant, and many others, have held such views. Among the early observers of the transformation of tumors was Sir Astley Cooper, who, in commenting upon chronic mammary tumors, said, "although these tumors are not in the commencement malignant, and they continue for many years free from the disposition to become so, yet if they remain until the period of the cessation of censtruation they sometimes assume new and malignant action." Dr. A. C. Post cited the case of a patient who had had a mole that underwent carcinomatous transformation forty years after it had been first noticed, and advocated the removal of "morbid growths which seem to be in themselves of no harm." Gowley believes that fibrous tumors are often transformed into sarcomota. He thinks primary sarcoma of the breast very rare. In the majority of cases they are believed to begin as fibrous tumors which remain stationary for various lapses of time, and finally undergo sarcomotous changes. In the myxoma and myomata, a sarcomatous change in their elements is not rare.

The tumor so changed is commonly named "mixosarcoma." There is no question that lipomata undergo malignant transformation. Gowley cites an interesting case in which he removed a large lipoma, half of which had undergone sarcomatous change. Whitehead, in a recent article, cites two cases of the transformation of congenital moles into carcinomota. His cases illustrate the interesting fact that metastatic growths are more abundant from these transformed tumors. His first case was that of a white man aged 47 years. The patient had noticed as far back as he could remember, a "black mole"

on the front part of his forearm a little above the wrist. It began to enlarge a few weeks before the doctor saw him. In describing it the doctor says: "When I saw him there was at the situation mentioned a perfectly black tumor, conical in shape, and about 2 cm. in height. The growth was removed by incision carried widely into apparently healthy tissue. months afterward I learned that he died 'with tumors all over him.'" His second case was that of a woman fifty years old, who had had a large mole on her back "all her life," but only recently had she noticed any enlargement. It was removed. Eighteen months afterward she died of malignant disease of uterus and had other metastatic growths on her body.

If the law of metamorphosis of tumors, which fixes no particular time for the beginning of transformation of benign into malignant growths is valid, the non-interference mentioned by some writers and advocated by some doctors, is scarcely safe. There are some tumors whose characteristics are so well marked at their very beginning that one who knows anything of the diagnosis of tumors, may readily come to a correct conclusion. On the other hand, great difficulties often present themselves sufficient to perplex and puzzle the wisest and most experienced head, as well as the most cautious observer. When the neoplasm is fully developed—when its features stand out, as it were, in full relief—diagnosis is easy; but unfortunately, the operation is now a most difficult matter, and the per cent. of cures small. A large per cent. of the cases of malignant disease come to us at this stage, with lymphatic involvement, or structures invaded, which absolutely precludes an operation, or makes it such a mutilating procedure that life is hardly worth the living after the surgeon has finished his work. who advocate the precept of expectancy, do not appear to have given good reasons why a tumor, which is, to all appearances, benign and harmless, but subject to transformation, should not be removed. advice that a morbid growth should not be removed because it is causing no inconvenience, is not founded on sound principles. Because it does not produce present trouble, gives no assurance that it will not, sooner or later, cause the greatest dis-Gowley says, "the true spirit of aster.

conservatism is manifested by advising the removal of a morbid growth when it is benign, when it is small, when the operation required for its removal is trifling as compared with the operation when it has attained great size, or has invaded lymph glands." The idea that tumors are stimulated into malignancy by surgical interference, has prevailed among the laity, and for years many doctors have advocated such views. There is no scientific work to support such views. It must be admitted, however, that an incomplete operation, such as burning with caustics, or removing only part of a tumor, will often stimulate it into renewed activity. The relative frequency of malignant and benign tumors is a question of importance. The testimony of careful observers tends to show that the malignant exceed the benign in frequency; and the history of many malignant tumors show them to have remained stationary for years. Mr. W. R. Williams' analyses of 11,100 cases of tumors shows fifty-three per cent. to be cancerous, and of this number twentyfour per cent. cancer of the breast. Dr. S. W. Gross cited 649 cases of mammary tumors, of which 587 were malignant and only 62 benign. This excess of malignant over benign tumors corresponds to the observations of those who have interested themselves in this subject. Another item worthy of note is the rate of mortality from malignant tumors as compared with other diseases. During the discussion on tumors at the fifth annual meeting of the New York Medical Association, Dr. Alfred L. Carroll, formerly Secretary of New York State Board of Health, gave some interesting statistics relating to this subject. The figures were based on the mortuary records of the State for the years 1885, 1886 and 1887. In these three years he found that there had occurred 264,161 deaths from all causes. Of these, 6,262 were reported as due to cancer, one in every 42.2, or a little more than 21 per cent. I believe that this death rate from malignant tumors could be greatly reduced if doctors and surgeons would urge upon their patients the advisability of early removal of new growths. The discussion of the second reason for the early removal of the benign growths. namely, To avoid damages done important structures by pressure, will be quickly disposed of. A tumor that presses on large blood vessels will interfere with the nutrition of the tissues supplied by it, and will cause distress, many times, from the impairment of the function of important organs. Tumors of the neck, groin, axilla, etc., are good examples.

The third reason is so apparent that little need be said in the discussion of it. If a tumor be removed when first noticed, the operation is, usually, simply and safely accomplished. If, however, it be postponed until the tumor has become large with adhesions to important structures and involvement of lymph glands, it is, many times, a most dangerous and diffi-

cult task to accomplish.

The fourth reason, namely, The avoidance of unsightly scars, is of no little importance. It is very evident that if a tumor be removed, when small, the wound will be of a trifling character. If the skin be closed with a sub-cutaneous stitch, the scar will be a mere line; while if one delay, large areas of skin must often be removed and a large granulating surface remains to heal, which leaves a large, unsightly scar.

# JUDICIAL AUTOPSY: DEATH FROM ANGINA PECTORIS.

Conducted by Drs. A. W. Brayton, W. C. White and R. N. Todd, at Central Hospital for Insane.

#### REPORTED BY R. N. TODD, M. D.

Autopsy of Robert Obenchain, a patient of the Central Indiana Hospital for the Insane, the autopsy being held at the pathological laboratory of the above institution on February 15, 1901, at 7:30 P. M. Time of death was 6:45 A. M., February 15, 1901. Chief of autopsy was Dr. A. W. Brayton, Dr. Wm. C. White assisting. Age of patient, 47; male, white, unmarried.

Psychosis on admission to hospital, acute mania. Pyschosis at death, chronic mania. Patient was in the special dining-room when he complained of a pain in the region of the heart and placed his hand on his chest; he went up two flights of stairs and died in about four minutes. He had an attack of right facial erysipelas, but was completely recovered from it two weeks before. A partition of the radial artery was excised and showed no atheromatous changes. The body is that of a

well-nourished, muscular man; length of body, 5 ft. 9 in.; weight, 130 lbs. Rigor mortis is well marked throughout. Postmortem lividity is diffuse in dependent parts and especially marked over the left side of the neck and extending to one inch above the left ear. Nose is bent to the left side. Three scars appear on the forehead, the longest above the inner cauthus of the left eye being 6 cm. long; there is one above the one just described 4 cm. long, and one above the outer cauthus of the right eye. Stitch-marks are plainly visible over the longest. There is a small abrasion at the left corner of the mouth. On inner side of left thigh at its middle is a deep scar the size of a bean. The pupils are equal but are slightly irregular. The aural and nasal passages are clear. The two front lower incisors are gone; all the other teeth are present.

There are no external signs of syphilis. These is only one testicle in the scrotum, and only one cord can be felt; no scars appear on the penis. There are no external marks of violence. (Patient removed testicle with a pin while in the hospital.) The right clavicle is much more prominent than the left, and, at the center, has a callus of considerable size. On opening the body the liver presents in the epigastrium 4 cm. below the xiphoid cartilage. The stomach does not appear in the abdominal incision. There are no peritoneal adhesions. The fat is very abundant in the abdominal wall and is lemon-yellow in color. The muscles are deep red and well developed; four incisions were made in the abdominal muscles to better facilitate the examination; the abdominal fat measures 21 cm. in thickness. The cartilages of the first rib are The sturnum is normal, both externally and internally. The lungs do not come to the middle line on either side. Attachment of the diaphragm on the right side is to the fourth rib; on the left side, to the fourth interspace.

Apex of heart is in fifth interspace, and 11½ cm. from the median line. The pericardial fluid is clear and not increased in amount; there are no pericardial adhesions; the left side of the heart is in rigor mortis and is firm; the right side is quite flaccid. The left side of the heart contains a small amount of dark, feebly clotted blood; the right ventricle is empty.

The right auricle contains dark clots of blood. The heart weighs 330 gm. The right auricular appendix is filled with dark, clotted blood. The tricuspid valves are normal, circumference being 10.5 cm. The pulmonary valves are also normal, their circumference being 7 cm. The pulmonary artery shows commencing atheroma. Thickness of the right ventricle wall,  $\frac{1}{2}$  cm. The heart-muscle is pale and shows no macroscopic evidence of fibrosis; it is quite firm.

The posterior aortic valve shows at the bottom of its sinus a calcareous plate which presents a sharp spicule. Aorta shows some sclerosis; circumference of the aortic valve is  $6\frac{1}{2}$  cm. The orifices of the coronary arteries are involved in the sclerosis. The anterior coronary artery shows in its wall a thick calcareous patch on which is a heavy deposit of fibrin. almost completely occluding the vessel. The posterior coronary artery shows numerous patches of sclerosis. The anterior mitral cusp shows two small patches of thickening; the free edges are normal; circumference of the mitral valve, 9 cm. The left auricular appendix is empty. Thickness of left ventricular wall, 13 cm. The muscle is firm and was kept for microscopic examination.

Lungs. At the apex of the left lung are a few old fibrous adhesions. The right lung is free. The parietal pleure are quite smooth. Weight of left lung, 260 gm., weight of right lung, 265 gm. Left lung is doughy to the feel; the pleura is free except at upper apex, where are a few fibrous tags. In the lower lobe at the right border, are a few calcareous nodules; the cut surface of the left lung is moist, crepitant, and from the surface can be expressed a bloody serous fluid. The nodule in the anterior border is quite calcareous and quite cut off from the surrounding tissue; it is of the size of a pea; also a few millet-seed sized nodules are in the neighborhood. At the apex below the scarred area, are numerous fibrous bands extending into the lung; from one spot can be expressed a small quantity of purulent fluid. One of the larger bronchioles, on being traced, shows considerable dilatation—a bronchiectasis—and from this. also, purulent fluid could be expressed; a part was saved for microscopic examination.

The right lung is edematous throughout and soggy to the feel. There are no inter-lobar adhesions; no calcareous nodules can be felt; from some of the minute bronchioles a sero-purulent fluid is expressed; otherwise the cut surface is normal; there is marked absence of anthracosis. Appendix passes upwards and backwards; it is normal.

Spleen is not adherent—it lies opposite ninth to eleventh cartilage on the left side; weight, 150 gm.; surface is smooth; malpighian corpuscles are plainly visible; the fibrous tissue is not increased in amount; measurement,  $12x7\frac{1}{2}x3\frac{1}{2}$  cm.

The small intestine shows nothing abnormal on continuous section.

The one remaining testicle is normal. The left kidney (the left ureter is patent throughout).—The left kidney weighs 170 gm.; its surface is smooth; on both surfaces are a number of yellowish-white granular patches. Cut surface shows very deep red; the glomeruli are plainly visible as red dots; the medulla is very dark. Width of parenchyma, 2 cm. 3 mm.; width of cortex, 7 mm. Capsule is thickened and more adherent than normal, tearing away the kidney substance with it; there is evidence of an interstitial nephritis; sections saved for microscopical examination.

The coecum is completely covered with minute white miliary nodules. The appendix contains some focal nodules, but none of the minute white dots; the white dots are present throughout the colon as low as the rectum.

Bladder contains a small quantity of yellowish urine; its walls are much thickened and its mucous surface shows marked evidence of chronic cystitis; wall, 7 mm. thick and is dark brownish-red in color; the trigonum shows an area of more acute congestion than the other parts of the wall; sections saved for microscopical examination.

A portion of the prostate gland and also of the large intestine were saved for microscopical examination.

Right ureter is normal.

Right kidney surface at its upper right portion shows a depressed sear. Right suprarenal body is normal. Weight of right kidney is 150 gm. Right kidney is darker than the left in color, smaller in size, glomeruli are more visible to the

naked eye, and the fibrous tissue is somewhat increased. Medullary markings are distinct; the capsule is more adherent than normal and over the scar carrying kidney-substance with it.

Pancreas cuts with greater resistance than normal and shows slight evidence of fibrosis.

Stomach is full of light yellowish, turbid fluid; the stomach wall is not thickened; its mucosa has undergone post-mortem digestion; the duodenum is also considerably self-digested and covered with a thick mucous fluid.

The liver at apex of right lobe is firm-

ly attached to the diaphragm.

Liver weighs 147 gm., is dark red in color, with areas of yellow hue, the lobules being distinctly outlined. The centers of the lobules are yellowish, the outer parts are dark red; liver tissue is priable. Capsule is slightly adherent and on stripping leaves a granular surface; a part was saved for microscopical examination.

Aortic arch shows calcareous deposits and sclerosis throughout—also in the descending aorta are the same conditions.

Oesophagus is normal. Epiglottis is normal.

Thyroid cartilage is completely ossified.

Larynx and trachea are normal.

The dura is very densely adherent to the calvarium, especially over the frontal region; it is also densely adherent to the soft membranes along the longitudinal sinus

On removing the brain, the third ventricle was opened into and a considerable amount of cerebro-spinal fluid escaped; the inner surface of the calvarium shows numerous fibrous tags, remnants of the dura mater.

Thickness of calvarium in occipital region, 5 mm.; thickness of calvarium in parietal region, 4 mm.; thickness of calvarium in frontal region, 5 mm.; biparietal diameter of calvarium, 12½ cm.; antero-posterior diameter of calvarium, 16½ cm.

The dura shows no granulations on its inner surface; shows evidence of the dense adhesions to the calvarium on the external surface; it is slightly thickened; the superior longitudinal sinus is patent throughout.

Brain weighs 1,400 gm.

Weight of cerebellum, pores, and me-



dulla is 200 gm. Surface of cerebrum is quite smooth—shows no areas of sclerosis nor of softening. The soft membranes strip readily; the vessels over the surface are well filled; there is no noticeable atrophy of the convolutions, although the markings of the brain are somewhat simple. The floor of the right lateral ventricle, that of the left lateral ventricle, and that of the fourth ventricle, contains no granulations. The left cuneate lobe and first frontal convolution were saved in 95 per cent. alcohol; the right comeate lobe and right first frontal convolution were saved in formalin, as was also the right lower temporal convolution. gray matter is sharply marked off from the white matter. The basal ganglia on both sides are apparently normal.

In the left hemisphere, the gray matter is distinctly marked off from the white. Width of the cerebral cortex in left frontal region, 2½ mm.; width of the cerebral cortex in left temporal region, 3 mm. There are no areas of softening nor sclerosis in the pons nor medulla.

The comballum shows nothing

The cerebellum shows nothing abnormal.

The patient evidently died from coronary atheroma; that is, from angina pectoris.

The minute pathology of this case is under study and will be reported later.

#### CASE REPORT - EXOPHTHALMIC GOITRE.

BY CHARLES A. STAFFORD, B. S., M. D., OF INDIANAPOLIS.

September 20, 1897, a lady 22 years old came to my office suffering with exophthalmic goitre. The major symptoms of Basedow's disease were very prominent. Tachycardia, with pulsating arteries, tremor, goitre, exophthalmus and nervousness rendered the diagnosis plain. The woman comes from a family of seven children, three brothers and four sisters, all of whom are strong and healthy. A sister two years younger has a goitre which has never given any inconvenience. This is of interest because there is not supposed to be any relation between goitre and exophthalmic goitre.

This lady was disappointed in a love affair just before the symptoms became pronounced. I was unable to learn defi-

nitely whether she had any symptoms of the disease before this disappointment.

The pulse beats were between 160 and 180 per minute. The temperature was 1 to 2 degrees above normal in the after-The respirations were increased. The enlargement of the thyroid gland was not so pronounced. There seemed to be a symmetrical enlargement of all of the lobes. The tremor was very pronounced and very noticeable. Insomnia was an annoying factor. The exophthalmus was probably the most annoying and pronounced condition. The eyes bulged forward, were red and congested, and the become inflamed and slightly opaque, so that she could not use them at all.

VonGraefe's symptom was present. This consists of the inability of the lid to follow the downward movement of the eye-ball.

The fact is, I cannot agree with those who consider this a nervous disease, or chronic neurasthenic neurosis, as Charles T. Dana, M. D., words his opinion. I believe that the trouble lies in the condition of the thyroid gland. All experiments and surgical operations on the thyroid gland have tended to prove that this gland plays an essential and important role in the physiological activities. Just the manner has not been determined; whether it elaborates foods so that they may be assimilated, or whether it is concerned in reducing by-products in the retrograde processes, has not been determined. But all the ductless glands have a function; and they seem to be correlated in their functional operations, just as the skin, liver and kidneys. I have always considered phytolacca indicated in an inflammatory condition of the ductless glands, as well as in some glands with Acute and chronic tonsillitis; threatened abscess of the mammary glands; orchitis, enlargement of the lymphatic glands are conditions in which phytolacca has done good service in the concensus of medical observation is correct. This has been my conception of phytolacca and the uses to which I put it, with satisfactory Phytolacca has been used with results. good effect in goitres, according to re-Phytolacca seemed to make this ports. case feel worse, if it did not in reality.

I then placed her on powdered apocy-

, num androsæmifolium; filled No. 1 capsules and gave one every four hours. The conditions seemed to improve from the time I placed her on apocynum, and now she is practically well. Sometimes would add some powdered myrica cerifera to change the treatment. The goitre is gone and the tumor is not noticeable. The pulse is 85 per minute. The eyes do not show any exophthalmus. In the treatment of these cases we must recognize that probably 20 per cent. of them get well if let alone.—The Indianapolis Polyclinic.

#### MISCELLANY.

## Thy Will Be Done.

Not in a dumb resignation
We lift our hands on high;
Not like the nerveless fatalist,
Content to trust and die.
Our faith springs like the eagle
Who soars to meet the sun,
And cries exulting unto Thee,
O Lord, Thy will be done!

In Thy name we assert our right
By sword or tongue or pen,
For even the headsman's axe may flash
Thy message unto men.

Thy will! It bids the weak be strong;
It bids the strong be just;
No lip to fawn, no hand to beg,
No brow to seek the dust.
Wherever man oppresses man
Beneath Thy liberal sun,
O Lord, be there Thine arm made bare,
Thy righteous will be done!
—John Hay, in Harper's Magazine.

#### The Moral Effect of Clothes.

In our issue for December 16, 1898, we had an article on The Soldier and His Uniform, in which we said that the effect produced on the soldier affected his self-esteem, and added, in regard to recruiting: "There can be no doubt that the jaunty appearance of a soldier, whether on duty or on leave, makes the service attractive to young men who are thinking of entering it." And again, "we have nothing but contempt for 'dudishness,' but we feel convinced we are not overrating the importance of a smart uniform for the soldier."

A curious illustration of this view comes to us through the *Indian Lancet* for January 28th. It is said that when, during the siege of Mafeking, Baden-Powell

applied to the principal medical officer for volunteer nurses, the doctor replied that a lot of his young women wanted first of all "to know what the kit would be like." Whereupon "B.-P.," who is an excellent artist, rapidly created a picturesque study of a pretty girl, made still more pretty by a khaki blouse and a "B.-P." hat, with a green puggaree and a jay's wing. The physician returned next day with the remark, "You can take your pick—they are all crazy to join." Shall we not, then, admit the great moral effect of clothes, particularly in relation to esprit-de-corps?

The above is from the New York Journal. But if one wishes to know the moral effect of clothes from an ethnic standpoint, let him read Havelock Ellis on the Phychology of Sex, reviewed in a recent issue of this journal. And as related to modern sociology the Clothes Philosophy in Carlyle's Sartor Resartus will show the subject in its mother nakedness.

#### Beer Poisoning from Arsenic in the Convert Sugar.

English practitioners have had an excellent opportunity to study the effects of arsenic long continued on the different organs and functions of the body. A recent London letter to *The Record* says:

"Turn now to the debate at the Medico-Chirurgical Society begun on the 8th and adjourned to next week. It was opened, as I said, by Dr. Reynolds, of Manchester, who detailed the steps by which he was led to the discovery that the epidemic originated in poisoned beer. First he noticed that these were associated with peripheral neuritis which had also been more prevalent. Remembering that herpes might beproduced by arsenic, he suspected the drink which seemed to be the cause of the multiple neuritis. On analysis by Prof. Delepine arsenic was found in the beer, then in the invert sugar and other substances used in brewing. Many thousandshad suffered in the northern and midland The patients complained of 'pins and needles' pains in the feet and limbs, tingling in the soles of the feet, difficulty of walking, general weakness, swelled feet, vomiting, and diarrhea. Numerous skin symptoms appeared with pains preventing sleep. The puffiness of the face, especially above the eyelids, and

the peculiar walk were characteristic. The nervous system was extensively affected, the symptoms closely resembling those of alcoholic neuritis. There was intense tenderness of muscles, but sometimes partial anæsthesia. The heart was gravely affected and death often ensued from this. Catarrh of mucous membranes were commonly observed. Vomiting occurred in 75 per cent., and diarrhœa was as frequent. The urine in some cases contained arsenic a fortnight after leaving off the beer. The poison was also secreted in the milk. In some cases the temperature Summing up his observations on about five hundred cases, it appears that the poison affects the skin, the respiratory and digestive mucous membranes, the nervous system, the heart, and the liver. The cases might be arranged in four groups: one in which all the symptoms appear, another in which skin affections predominated, a third in which the heart and other viscere were most prominently involved, and a fourth in which paralytic symptoms predonimated. Some patients recovered in a few weeks, others not for eighteen or twenty-four months."

# Telegraphy Perfected.

WASHINGTON, Feb. 8.—A new system of wireless telegraphy has been developed by the Weather Bureau. "It is a success," said Willis S. Moore, Chief of the Bureau. "We have been experimenting for a year at Cobb's Island, in the Potomac River, seventy miles below Washington. have completed an apparatus that we expect will enable us to signal ships five hundred miles or more out at sea. shall soon send out ships equipped with receiving instruments. We have just completed a station at Roanoke, N. C., and will soon have stations at Hatteras and Cape Henry. We have succeeded in telegraphing perfectly with our wireless system for sixty miles over a rough country around Washington. That, I believe, is fully equal to the best transmission that has ever been accomplished by the Marconi system. Our system is quite distinct from his, and is being developed along our own lines. We succeeded in sending messages for some distance from a staff only three feet high. We established regular communication between the laboratory and Washington, sixty miles. One of our

men has a farm near Fort Meyer, Va., just across from Washington. A staff one hundred feet high was on the place, and at the top we placed our instruments. We were able to communicate with the island as regularly and as freely as though we were working over a wire. The speed of the waves was practically that of light.

"We used a system of dots and dashes and our receiver was of the 'sounder' type. We read messages by sound. We expect, however, to develop a receiver that will record messages. Notwithstanding our success, it does not seem that wireless telegraphy is developed yet to the point where it can be used for ordinary commercial purposes on land. The earth disturbances and the conditions that surround cities would prove obstacles."

# Twins Born in Different States.

Twins are always setting both Nature and conventionality at defiance. Only recently we told of twins who managed to be born in different centuries; now The Union and Advertiser, of Rochester, N. Y., tells us that while a lady of Portland. Ore., was traveling on a train toward Spokane, Wash., the other day, she gave birth to twins. The elder, a boy, was born in Oregon, and the other, a girl, in the State of Washington, an hour later.—New York Medical Journal.

# The Medical Hero of Santiago.

Under this heading the British Medical Journal for March 18th has the following appreciative account of our doctorgeneral:

"General Leonard Wood, the hero of Santiago, began his career as a member of the medical profession, and the work of sanitary regeneration which he has begun in Cuba has doubtless been inspired and directed by his medical training. ernor Roosevelt has contributed to The Outlook an interesting sketch of his early General Wood, he says, was a Cape Cod boy, and to this day there are few amusements which he enjoys more than for himself to sail a small boat off the New England coast, especially in rough weather. He went through the Harvard Medical School in 1881-'82, and began to practice in Boston, but his was one of those natures which, especially when young, fret for adventure. A year after leaving college he joined the army as a contract surgeon, and almost immediately began his service under General Miles in the southwestern territories. These were then harried by the terrible Apaches; and the army was entering on the final campaigns for the overthrow of Geronimo and his fellow renegades. one who has not lived in the West can appreciate the incredible fatigue and hardship attendant upon the campaigns. There was not much fighting, but what there was was of an exceedingly dangerous type; and the severity of the marches through the waterless mountains of Arizona, New Mexico, and the northern regions of Old Mexico (whither the Apache bands finally retreated), was such that only men of iron could stand them. the young contract doctor, tall, broadchested, with his light-vellow hair and blue eyes, soon showed the stuff of which he was made. Hardly any of the whites, either soldiers or frontiersmen, could last with him, and the friendly Indian trailers themselves could not wear him down. In such campaigns it soon became essential to push forward the one actually fitted for command, whatever his accidental position might be; and Wood, though only a contract surgeon, finished his career against the Apaches by serving as commanding officer of certain of the detaciiments sent out to perform peculiarly arduous and dangerous duty; and he did his work so well, and showed such conspicuous gallantry, that he won the most coveted of military distinctions—the medal of honor. Wood never called upon others to do anything that he himself did not do. They ran no risk that he did not run; they endured no hardship which he did not endure—intolerable fatigue, intolerable thirst, never-satisfied hunger, and strain of unending watchfulness against the most cruel and dangerous of foes—through all this Wood led his men until the final hour of signal success. When he ended the campaigns he had won the high regard of his superior officers not merely for courage and endurance, but for judgment and entire trustworthiness. Of General Wood's brilliant service in Cuba this is not the place to speak; they are writ large in the recent history of his country.—New York Medical Journal. General Wood's recent action in assisting the Yellow Fever Commission to prove that this fever is carried to man by mosquitos adds additional luster to his medical sevice.

## A Pen Portrait of a Great Physician.

As tending to show a rare combination of geniality, exuberant good humor, modesty, forcefulness and energy, with the more strictly scientific attainments that go to make up the ideal disciple of Æsculapius, we abstract from the Medical Dial for January the following pen portrait from an article on The Surgeon in War, by Charles E. Hands. The author was in bed in Mafeking with a bullet in his thigh. He says:

"After Dr. Davis had gone away with his regiment on General Mahon's march. I was lying in bed one day minding my bullet, and thinking about the time when I should get up and go for a walk, ponderthe terrible abyss of time that stretched between breakfast and lunch, and wondering about all the kinds of things that people wonder about when they are minding bullets, when I heard a strong, hearty man's voice in the house, and there came into my room the most cheerful-looking old gentleman I have ever seen in my life. A hearty, healthy, vigorous old gentleman, who came bustling in full of life and energy, with a whimsical smile on his shrewdly goodnatured, kind, beaming, big, broad, cleanshaven face.

"'Weel,' he said cheerily, with a Scotch accent, as he took my hand between his two big, fat palms and gently shook it, smiling meanwhile like a benevolent uncle, 'weel, I've just come to see how ye're getting on. Eh, but I know all about ye! Eh, my laddie, but they're all verra cansairrned about ye down country there. And I'm glad to see ye.'

"And he continued to shake my hand and smile, and I smiled back and shook his hand, and said that I was—as was perfectly true—downright glad to see him, although I hadn't the faintest idea who he was, except that I seemed to know at once that he was a great surgeon.

"'Then,' said he, 'I'll just give ye my caird; and if he had said he would just give me a thousand pounds he could not have said it in a kindlier tone of impulsive

benevolence. I remember saying, 'Thank you, sir,' as I took the pasteboard he handed me. It said in plain, formal type, 'Professor John Chiene, consulting surgeon to the forces, South Africa.'

"Professor Chiene! I had never seen him before, but I had known him all my life. One of the famous surgeons of the world. Dozens of times I had heard doctors who had been Edinburgh students exchanging pleasant reminiscences of John Chiene. This was a slice of luck indeed.

"I said what I had to say, and he went on to tell me that 'Airchie Hunter'—that was General Hunter—had given him leave to come up to Mafeking to see if he could be of any service to the wounded lying there. He seemed to think that it was a personal kindness on the part of Airchie Hunter to let him come, and I am sure that he felt positively grateful to the wounded for giving him the opportunity of coming.

"But at that time I knew that General Hunter's division was a hundred odd miles away, somewhere on the other side of Vryburg, that there was no railway through, that there were only rough, boulderstrewn tracks for roads, and that the only people on the way were low-class Dutch, who were nearly all rebels and all thieves. How, then, had he managed to get through to Mafeking, I asked him. Did he have an escort? Oh, no, no escort—capital adventure to come without an escort.

"He had made the journey in a sort of rough cart—most enjoyable kind of traveling in a rough, jolting cart! One of the horses had broken down-splendid Had slept out on the veldt-glorious sleeping out on the veldt! was such a blanket! They got no water one day—extraordinary fun being thirsty! Had given a lift to a belated correspondent on the way—capital chap, that correspondent! Most entertaining companion! Had just got to Mafeking and found a lodging in the remains of what had been a hotel before the big shells knocked the end wall out and the roof off-charming place, Mafeking! Beautiful sight, all that bare sand! Capital taste sand had, too, in your food. And how lucky to find a room in the hotel with the end wall out and the roof off! Most convenient for looking out of! And the ration bread made out of bran! Really most wholesome food and wonderfully agreeable eating!

"Buoyant!—why, Professor Chiene would have floated in hydrogen gas. He told me a story about a Scotchman enjoying himself at a funeral, and laughed as he told it, and made me laugh till I could feel my bullet wobbling about in its hiding place. He made me feel so much better that I wanted to get out of bed and practice walking, but he wouldn't let me.

"Then, when my doctor came in, he got to business. He ceased laughing and put on a grave, thoughful, shrewd look. though he still kept a keen, humorous twinkle in his eye, and went into the consultation. He listened alertly to the doctor's description of symptoms, and to my own, and then he put in some unexpected and seemingly inconsequent questions, which reminded me of something I had forgotten or failed previous to observe. Then he felt over the surface of my leg with finger-tips so sensitive that they almost seemed to see what was underneath. and in a few minutes he knew all about my bullet and my thigh bone, and just what was to be done and when and why. And everything he said turned out to be true, and everything he recommended to be right."—New York Medical Journal.

# Quaker Longevity.

In a highly interesting communication to The London Times, a correspondent calls attention to the uncommon longevity of members of the Society of Friends. He "During the year ending in 1900. there were reported the deaths of 299 members of the Society of Friends in Great Britain and Ireland. The proportions were 159 males and 140 females. The average age at death was a little over sixty-one years and seven months. A table compiled from the returns shows that there is a very limited mortality of children, and that it is chiefly in this respect that the death rate of the Society of Friends differs from that of the general population. Only 14 deaths out of the 299 were reported as those of children under five years of age; between five years and twenty years the number was 9; between twenty and thirty years the deaths were 16, and the same number was that of the deaths between thirty and forty years.

From forty to fifty there were 24 deaths, and from sixty to seventy there were 62 deaths. From seventy to eighty the number was 57 and from eighty to ninety, 69. There were 8 deaths of Friends between rinety and one hundred years of age, and there were 2 deaths of persons over one hundred. One of the latter died at Croydon in her one hundred and first year, and others had passed one hundred and one years of age."—New York Medical Record.

# From "Musings Upon Current Topics."

We take our friends upon the average, as they take us. If the liberty to differ is not reserved, I am not a friend, but a toady.

Morals abide; commercial interests shift.

There are forces that become destructive if they are pent; in this regard, opinions and gunpowder are in the same class.

The newspapers must not be taken too

seriously.

There is no influence for peace so strong as the fear of the enlightened judgment of mankind.

(Benjamin Harrison, in the March North American Review, discussing an Anglo-American Alliance and the Boer War, to both of which he was opposed.)

# Raynaud's Disease—Acroasphyxia.

PORTLAND, IND., March 20.—The physicians at Winchester report a case rare in the annals of medical science. The patient is three-year-old Carne Jones, who is suffering from what is known as Raynaud's disease. One by one the child's fingers have withered and died. The malady is now working on the arms and right. hand, and it is only a question of time before the little finger of the right hand will drop off, this to be followed by the others. The arm will soon be dead, as the fingers now are; for even as it is, the heart is worked to its utmost capacity in an endeavor to force blood where there is no circulation.

Last December small red spots appeared on the child's body, turning to dark purple, then disappearing. In Jan-

uary large blotches were in evidence, forming a stripe across the back. These disappeared in much the same manner. The tip of the little finger was first attacked, and soon the flesh was dead to the first joint. The disease is now slowly making way with the digits. No pain is felt by the patient except such as are always felt when the circulation is cut off, these being brought to mind by having a hand or foot asleep. The disease is something similar to leprosy in its inroads, and is incurable.

The case is attracting no inconsiderable amount of attention from physicians in eastern Indiana, and a number have visited the home of Mrs. William Shull, where the child is at play, unmindful of its fate. She does not complain of pain.

The above is an unusually good press account of a rare disease. The editor has photographs of two sisters which were presented to the Ohio State Society as cases of leprosy, which they plainly were not. Also a photograph of a case near Brookville, Ind.

# The Graduating Exercises of the Physic-Medical College.

The twenty-eighth annual commencement exercises of the Physio-Medical College were held in the auditorium of the German House, Wednesday, March 2d, at 8 p. m. Nine young men received diplomas. They are Francis James Baldwin, of Iowa; Radford Ola Braswell, Texas; Clark Ellingsworth Day, Indiana; Walter-Leroy Misener, Indiana; Charles Albert Paddock, Indiana; Daniel Ward Philo, Ohio; Linley Murray Reagan, Indiana; James William Smith, Missouri; George Franklin Walton, Indiana. Relatives and friends of the graduates filled the auditorium and gallery.

The program was well balanced with music. The musical numbers were a trio, "Break, Break, Break," by Mrs. Ella B. Hitt, Miss Eva Jeffries and Mrs. S. Morris Meck; baritone solo, "Deep in the Mines," by L. H. Colvin; solo by Mr. Meck; violin solo, "Hungarian Dance," by A. L. Beard, and a quartet, "Robin Adair," by Mrs. Hitt, Miss Jeffries, Mr. Meck and Mr. Colvin. Another feature of the program was the recitations of Wal-

Percy Pfaff. His first recitation was "Duel by Moonlight," taken from a scene in "Alice of Old Vincennes," which is said to have been the first public recitation out of that book. He also gave the "Debating Society," and each time responded to several encores. The Rev. D. R. Lucas pronounced the invocation and the Rev. Albert J. Brown delivered the class address. He spoke particularly of the science of medicine and said it is necessary to devote much thought to the subject in order to cope with diseases that are degenerating humanity. The congested portions of great cities were especially cited as a field for medical skill, where poverty baffles sanitary science.

In the absence of Dr. J. A. Stafford, President of the Board of Trustees, Rev. A. J. Brown delivered the diplomas to the voung men. After an address by Dr. E. W. Outland, who took the place of Dr. S. P. Woodard, President of the Medico-Literary Society, he presented the class with diplomas making them honorary members of that society.—Press Report.

# Legalizing Polygamy.

It is not possible to legalize polygamy in Utah, since the constitution of the State prehibits it, but it is possible to frame a law which will practically prevent all prosecution of polygamy, and this was done and the law was passed by the Legislature of the State. It provided that no prosecution for adultery should be commenced except on the complaint of persons in the immediate families of the participants; and no prosecution for unlawful cohabitation except on complaint of the wife or alleged plural wife. Of course such a law would practically prevent prosof the act was that in most of the States adultery is not a criminal offense. excuse for it was that it was necessary to prevent prosecution of persons who had entered into plural marriages before the law had prohibited them; but the act was not so framed as to confine its operation to such cases. The act was vetoed by the Governor, but chiefly on the ground that "its enactment would be the signal for a general demand for a constitutional amendment directed against certain social conditions here, which, under present circumstances, would surely be complied

with." "Certain social conditions here" is a euphonious phrase signifying polygamy. The bill is for the present defeated; but its passage indicates the temper of the Legislature and of the Mormon Church, if not of the Mormon people; and it ought to create a general demand which the Governor of Utah dreads. The people of the United States ought to add to the amendment forever prohibiting slavery a similar one forever prohibiting polygamy in any State or Territory of the United States; and they ought not to allow this amendment to be entangled with or wait upon one attempting to regulate the perplexing subject of marriage and divorce.—
The Outlook, March 25, 1901.

# The Stirrup Cap.

Death, thou'rt a cordial old and rare; Look how compounded, with what care! Time got his wrinkles reaping thee Sweet herbs from all antiquity.

Dam'd to thy distillage went Keats and Gotama excellent, Omar Khayyam, and Chaucer bright, And Shakspere for a king delight.

Then, Time, let not a drop be spilt;
Hand me the cup whene'er thou wilt;
"Tis thy rich stirrup cup to me;
I'll drink it down right smilingly.
—Sidney Lanier.

The Ohio State Hospital for Epileptics, at Gallipolis, on January 10th, filed its annual report with the Governor. this it appears that 1,164 patients were under treatment during the year. Only eighteen were discharged as cured because, owing to the difficulty of ascertaining when a patient is cured, the hospital has adopted the arbitrary rule of keeping a patient two years after the last paroxysm. Since the institution was opened in 1893, Dr. Rutter says 138 patients have been discharged as cured, of whom sixteen are known to have relapsed while others have probably done so. During the last year there were forty-two deaths in the institution. Dr. Rutter and his capable assistants deserve much credit for the careful manner in which this institution has been conducted, and especially for the contributions to medical knowledge which they have made and which have already attracted worldwide attention.—Cleveland Medical Journal.

# In Lighter Vein.

#### A TIRED EDITOR.

The Indiana Dental Journal has suspended. The editor, Geo. E. Hunt, has written its obituary and designed the epitaph, all of which appeared in his farewell His closing paragraph is as follows:

"To all those who advertised with us and thus contributed to making The Journal a possibility we extend our thanks. To those who so loyally stood by us and sent in their \$1.00 per annum, we grovel. The numerous kindly letters of these latter were the chief solace of our editorial life. To part with you is our regret.

> THE INDIANA DENTAL JOURNAL, Born January, 1898; Died December, 1900.

No complaint, Everybody Satisfied. Cause of Death: the Editor was Tired."

HOW REPRESENTATIVE RESER WAS CURED .-LEGISLATIVE PLEASANTRIES.

Mr. Reser made a hit with a humorous speech favoring the minority report on the Indiana Medical Practice act. He had not proceeded far when Mr. King interrupted him to inquire if he (Reser) had not had occasion recently to call in a physician, referring to Mr. Reser's indisposition following the Columbia Club smoker.

Mr. Reser-Yes.

Mr. King—Did you call in a Christian Scientist?

Mr. Reser-I didn't know where to find one, so I sent for Henry Marshall to pray for me.

Amid shouts of laughter, Mr. Marshall rose to a question of personal privilege. "Mr. Reser did send for me, and I went to him, but I saw that prayers would do him no good, so I recommended a physician, who came and prescribed cracked ice, to be applied to the sufferer's head."

When Mr. Reser could make himself heard, he protested against Mr. Marshall's "When Mr. Marshall came, statement. and I asked him to pray for me, all he could say was, 'Now I lay me down to sleep.' "

Mr. Stutesman—Wasn't that what you needed more than anything else at that time?

Reser continued a speech that abounded in poetry and stories, the best of the latter being the tale of "Dr. Nirham and His Teetotam," in which it was related how that doctor relieved a girl who had a fishbone lodged in her throat by applying a blister to her brother. The girl laughed at this so heartily that she coughed up the bone, and the doctor's reputation was made.

Mr. Louttit protested against the bill because of its injustice to the Christian Scientists, of which sect he said he was a member.

Mr. Passage, Mr. Reagan, and Mr. Davis, of Greene, favored the majority report, while Mr. Mummert and Mr. Bonham denounced the bill.

Mr. Marshall, of Tippecanoe, moved that the minority report be tabled. The majority report was then adopted by a vote of 55 to 35.

#### JUVENILE ECONOMICS.

"Say, mamma, how much am I worth?" "You are worth a million dollars to me, my son."

"Say, mamma, couldn't you advance me twenty-five cents?"—Time.

#### CUM GRANO SALIS.

"I am glad to find you better," said John Hunter, the famous surgeon, to Foote, the equally famous actor, one morning. "You followed my prescription, of course?" "Indeed I did not, doctor," replied Sam, "for if I had done so I would have broken my neck." "Broken your neck," exclaimed Hunter in sur-"Yes," said Foote, "for I threw prise. your prescription out of a three-story window."-Medical Age.

#### YES INDEED.

The Jay—I give it up! Why is Mrs. Nation like rheumatism?

The Josh—Because she's hell on the joints.—Life.

#### SELF-TAUGHT.

"Learning the cornet, is he? Who's his teacher?"

"He has none. He's his own tooter."— Philadelphia Times.

It is reported that a temperance orator in Kansas will not eat codfish for fear it will drive him to drink.



# MEDICAL DOURNAL

ALEMBERT W. BRAYTON, M. D., Editor.
THEODORE POTTER, M. D.,
NORMAN E. JOBES, M. D.,
GEORGE J. COOK, M. D., General Manager.

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#### The Ex-President's Physicians.

When a person of national importance dies there is a natural interest on the part of the scientific practitioner of medicine to know the details of his illness, the cause of his death and the professional prestige of his medical attendants.

It is also worthy of remark that great men employ scientific physicians. Emperor Frederick was slowly dying of laryngeal cancer, General Grant of cancer of the tongue, President Garfield from a bullet wound in the spinal region, and Queen Victoria from slowly progressive cerebral paralysis, every detail of the etiology and symptomalology, and in some of the instances even the pathology of the disease or injury was accurately published by the secular press and read with interest by the people. And so also when Mr. Kipling was stricken with pneumonia in New York. Happily in each of these cases the physicians were scientific men; they belonged to no school or pathy. ports in every instance were couched in the directest and simplest language readily understood by the people, but so phrased that physicians could readily read

between the lines, and by what was not said, as well as by what was said, appreciate the gravity of the situation. Such was the report given out by ex-President Harrison's family physician, Dr. Henry Jameson, after consultation with Dr. Evan Hadley. This report comes so near being a model of what a report to the public in a case of such gravity should be, that we take the liberty of repeating it. The patient in this instance did not have the influenza; he had spent the Wednesday evening preceding his illness with Mr. Augustus L. Mason, of Indianapolis, one of the acutest minds in our city, the author of the City Charter, and a charming writer and conversationalist; indeed one of those judicious and conservative young lawyers of General Harrison's own type, who express themselves mainly in substantives and verbs, holding adjectives and adverbs in proper subjection. conversation turned upon trusts, upon the national polity, foreign and domestic, and was, of course, incited by the subject matter of the Ann Arbor Address, and the Musings on Current Events, published in recent numbers of the North American Review—the General's views of an Anglo-American Alliance, and his deprecation, which he shared with Goldwin Smith and Mr. Bryce, of the suppression by England of the South African Republic-but not a hint of any pain or personal discomfort. And so on; a restful night and no morning distress until the late breakfast hour Thursday, when came the fatal initial chill characteristic of pneumonic invasion, and which with the other symptoms—rapid pulse and fever—would naturally put the experienced physician upon his guard, particularly in the case of a man of full habit and nearly seventy years of age. Dr. Jameson gave out the fol-lowing bulletin upon Tuesday morning, March 12th:

General Harrison was taken sick last Thursday morning with a chill and developed some fever and accelerated pulse without evidence of any localized trouble anywhere until Friday morning.

He then had an intense pain in his left side, which was easily controlled, but developed afterward some congestion in the pleuræ and at the apex of the left lung. His condition to-day is serious, but he is at least holding his own, and unless there should be an extension of the inflammation, involving the pleuræ and some of the lobules of the left lung, we entertain the

hope that he may within a few days overcome

the difficulty and speedily recover.

His greatest danger would be from an extension of the now rather limited inflammatory process that has taken place. Dr. Dorsey, at my request, is staying with the General considerable of the time, to watch the patient and keep me advised of his condition. Mrs. Harrison is in close attendance, and there are two trained nurses, one for the day and one for the night. I also spend a great deal of time at the house. Yesterday at 6 p. m. Dr. Evan Hadley saw the General, at my request, in consultation with me.

The congested condition does not extend generally into the bronchial tubes. The left primary bronchus is somewhat inflamed, but there is not a general congestion of the mucous mem-

brane.

He has passed a fairly good night, and today is entirely at himself when aroused. His circulation is well maintained, and this is a favorable factor in the case.

Such were the early bulletins, but the disease progressed to a fatal termination.

Upon Wednesday afternoon at 4:45, March 13th, General Benjamin Harrison died at his residence, 1214 North Delaware street, in the modest home where he had lived for over twenty-five years and from which he had only been absent when called to the duties of United States Senator from 1881 to 1887, and to the presidency from 1889 to 1893.

Following his death, Dr. Jameson gave out the following detailed statement of General Harrison's illness for the local

papers in Indianapolis:

General Harrison, on Thursday morning, about 9 o'clock, went down to his breakfast and was taken with a violent chill. I saw him within half an hour. The chill lasted about an hour. At that time there was no evidence of any local trouble, although, as a physician, I knew that the chill must have been caused by something of that nature. No symptoms of trouble connected with the throat or lungs developed until evening, when General Harrison began to develop, in the left side, pain and soreness, with increased pulse and fever. His temperature that evening was 101½. He had a fairly comfortable night Thursday.

Friday morning, between 6 and 7 o'clock, there developed evidences of intercostal pain in the left side, about the third, fourth and fifth intercostal spaces. This pain yielded in three or four hours to the usual remedies, but he gave evidence of being greatly disturbed by the attack. By Friday evening the entire left side of the chest and particularly the apex of the left lung gave distinct evidence of serious congestion. There was no distinct solidification of the lung at that time. This did not become manifest until as late as Saturday night or Sunday morning. There was a complete ab-

sence of cough almost throughout the entire attack.

Sunday there was a distinct solidification of the lobe of the left lung, extending upward and to the left. Concurrent with this respiration was increased rapidly and his temperature rose to 103 1-5 degrees. The pulse yet remained of good quality, showing strong action of the heart, and below 100.

The serious indications in connection with the disease at this time was in the disturbance of the nervous system, which was shown by the tendency toward delirium. The inflammatory process, involving the left lung, seemed to be held well in check, and these symptoms did not increase until Monday night, when there was decided extension, involving at least a portion of the lower part of the left lung and a part of the posterior right upper lobe. Coincident with this was the serious aggravation of all of the symptoms, especially those pertaining to the nervous system. His tendency toward delirium grew more marked.

Tuesday his condition became alarming because of the active delirium, rapid respirations and the extension of the inflammation. He continued to grow worse from that time until

his death.

Toward the end his lungs, as is usual in such cases, became oedematous, or dropsical. The strain upon his system in trying to overcome the effects of the disease greatly affected his heart, and the circulation failed as a result. His death was due to this failure of the circulation and deficient oxygen in the blood The administering of oxygen gas was begun Monday, in the hope that the circulation might be kept up and the blood pure, allowing the system to overcome the inflammation and congestion.

# The Louttit Amendment to the Education Bill— Does it Abrogate the Health Board Rules?

Representative Louttit, of Fort Wayne, a professed Christian Scientist and the most blatant opponent of the medical bill in the late Legislature, was, of course, opposed to the vaccination of school children as a prerequisite to attendance. the year, it will be remembered, the Supreme Court in the Blue case of Terre Haute, upheld the vaccination rules and also gave large powers to health boards, recognizing them as "benignant autocracies," to use Dr. Shrady's expressive Louttit very shrewdly gave up phrase. the open fight against vaccination, but tacked the following amendment to the education bill, which was overlooked and passed: Provided, That no child in good mental and physical condition shall for any cause, any law or rule to the contrary, be precluded from attending schools when the schools are in session. How innocent!

Of course, such children should attend school. And no one detected the little trick. Not even the Committees on Education or Public Health, and now the clause is law.

But is the law constitutional? And what constitutes "good physical condition?" Are children who have been exposed to contagious diseases in good physical condition? Dr. Edmund D. Clark, the City Sanitarian of Indianapolis, says they are not, and the City Health Board, Dr. Frank Morrison President, will still compel vaccination, and will not permit children exposed to scarlatina, measles, diphtheria, etc., to attend the Indianapolis schools. And this board will fight the clause to the very portals of the Supreme Court. State Superintendent Jones has stated that he will rule according to the old law as affecting school children exposed to contagious diseases or unvaccinated.

If the law is construed as worded, there will be no recourse against incorrigible children, as their "moral condition" is not mentioned in the Louttit clause. But of course there are those who do not regard filth, lousiness, itch or ringworm of the scalp as opposed to "a good physical condition." And at the Valparaiso Normal School "extreme chicken-pox in adults," which was really smallpox, was not thought by the physicians as a "bad" physical condition, and so the students attended classes in the pustular and early stage of smallpox in May and June of 1899. Children in the early stages of scarlet fever, mumps, diphtheria, whoopingcough, etc., can not be excluded under the Louttit clause.

And inasmuch as this law is irrational. vicious and murderous; because it is in violation of all the preceding health laws of Indiana and their interpretation by the Supreme Court; because it makes the health boards helpless in the emergencies of epidemics, we urge upon health boards and school boards to construe the law as meaning that no child exposed to contagious diseases or unvaccinated is in a "good physical condition." If opposition is met, let test cases be instituted at once and carried to the higher courts. next Legislature will undoubtedly repeal the law. And as to Representative Louttit, the fanatical and ignorant opponent

of science and vaccination, it is to be hoped the good people of Allen county will relegate him to private life.

It is a marvel that such an amendment should escape the Legislature and become a law. We may excuse the members for not knowing that bitartrate of potash is not a poison, but this amendment was so gauzy that the legislative vision should have seen through it on first reading.

# More Agitation in Kansas.—Do Medical Students "Have it" Just Because They Think They "Have it"?

Comes now a new seeker after truth from Kansas, W. A. McKeever, S. M., Professor of Psychology in the Kansas State Agricultural College, who is about to write a paper on the subject of "Patent Medicine Advertising," and desires answers to the following questions. He addresses his circular to Dr. Henry Jameson, Dean of the Medical College of Indiana, who turns it over gleefully to Dr. Geo. J. Cook, Secretary of the same college, as it is Dr. Cook's function to attend to the correspondence. Dr. Cook. feeling conscious of his psychological inadequacy, sends the Vice-Dean of the college, who is also the editor of this journal, the list of Kansas conundrums as follows:

1. What per cent. of your medical students feel symptoms of the diseases studied early in the course? 2. Is this most noticeable in the case of any special diseases? 3. Do these cases yield readily to treatment? 4. It is held by some that patent medicine advertisements are vicious, tending to induce the diseases they purport to cure? What is your opinion of the matter?

These questions bring up only the old subject of suggestive therapeutics and mental suggestion in disease. No one of the students "feels" (whatever that may mean) decided symptoms of a disease unless he has the disease. It is not at all infrequent for students to report to their professors with various diseases which they have found themselves to have by studying their books or from the lectures on practice of medicine and on physiology. Students analyzing their urine find they have oxaluria, or phosphaturia or even mild albuminuria, subsequent to scarlatina of childhood. They may some-

times even find the gonocaccus in their urine. Students have come to the writer with mild cases of psoriasis, leucoderma, tinea versicolor, seborrhœa, etc., which they paid no attention to whatever until they studied medicine. The students frequently detect eye lesions experimentally and report their cases to the occulists of the college. Occasionally the more susceptible students are the victims of hypochondria. If real diseases are found, of course they "yield to treatment," or do not yield, according to the nature of the disease. And as to patent medicine advertisements, all medical men regard them as vicious, because the person who uses them is his own doctor and the expense is greater than the care of good physicians. But they do not tend to induce the diseases they purport to cure. No amount of patent swill will induce any one of the venereal discases. A disease is an entity, having distinct causes and a natural history. It may be curable; it may be ameliorated only. Many diseases may be prevented in the case of the individual, or of the entire community. Finally we would suggest to our Kansas brother to stick to his knitting, as his topic has been thoroughly treated by competent medical men.

"Go dissect a cockroach," was the answer of Huxley to a theologian without knowledge of natural history, who was afflicted because Mr. Huxley did not answer speculative and assumptive orations.

#### Smallpox or Chicken-pox?

Such is the title of a recent article by Dr. Herman Spalding, the Chief Medical Inspector of the Chicago Health Department, published with plates in the Monthly Bulletin of the Department for January, and also in a recent issue of the Journal of the American Medical Association. The only question of interest in any given case of chicken-pox in an adult is, May the disease not be a modified smallpox, a varioloid? The writer quotes Dr. Corlett, of Cleveland, as saying that he had never seen a case of chicken-pox subsequent to puberty, and the present writer made the same assertion to Dr. Spalding when we were at Valparaiso, June 17, 1900, and together saw nearly a score of smallpox cases of widely vary-

ing types among the students, over 2,000 in number, of the Valparaiso Normal and Business College, all of which had been regarded and treated as chicken-pox by the local county and city health officers, and such other physicians as had seen the cases. Since that time the writer has seen one case of chicken-pox in a lad of 17 years, fully grown, through the courtesy of Dr. Charles E. Ferguson, the Medical Inspector for the Indianapolis Dr. Ferguson has seen Health Board. two other cases in adults, one nearly 21 years of age.

This city has had 34 cases of smallpox since January, 1901, with but one death. The death occurred in the pest-house, the patient a woman of over 40 years, who aborted at six months because of smallpox; the death was due to smallpox with abortion as a complication. Hundreds of cases of chicken-pox have been seen by Dr. Ferguson and by others, but only three cases of chicken-pox in persons over the age of puberty. It is fair to assume that chicken-pox is so rare in adults that to quote the Journal of the American Medical Association: "It might be a safe rule in some respects to call every case in an adult smallpox that one feels tempted to diagnose as varicella."

Dr. Spalding says: "I have seen many examples of perfectly typical chicken-pox in adults." But Dr. Spalding does not say how many. Now we should regard five as a great many for Dr. Spalding to see in Chicago, even with the vast population of that city. For accuracy he should state how many he has seen.

Dr. Spalding also says: "There are cases of variola and varicella with clinical symptoms of both diseases present which will puzzle the most experienced diagnostician." Such being the case, we think it a good rule in every doubtful eruption in an adult to wait the development of the disease, in the meantime vaccinating the suspect and keeping him in quarantine. Nothing in Dr. Spalding's excellent article goes against the experience of such men as Welsh, Egan, Probst and others that chicken-pox in adults is of the extremest rarity and that good observers like Dr. Corlett may not see a case in years of careful observation. Dr. Spalding's report without statement of numbers should not be taken too seriously.

## The New Medical Practice Act.

Dr. W. N. Wishard has been unable to present The JOURNAL with a copy of the new law with comments upon it, as was anticipated by the editor. We hope we may have his construction of it for our May issue. The new law vigorously defines what constitutes the practice of medicine. There is nothing in this definition nor in the law favoring the Christian Science fad. The law recognizes osteopathy by name, and allows its votaries license to practice. They must take the same examination as other applicants, except that they are not examined in materia medica and therapeutics. The Journal regrets that osteopathy is named in the bill, as the recognition of every new branch of sectarian practice is implied for the fu-The next Legislature will again be besieged by the votaries of Christian Science.

# Our Book Reviews.

The JOURNAL does not wish to hide its light under a bushel. But at the same time not every page or department can be made to give equal effulgence. quest our readers not to neglect the book columns, for besides the perfunctory notices of the current medical books, there are medical discussions, general literary notices, and analyses of scientific works. In our March issue is a notable review of Hæckle's "Riddle of the Universe," by Dr. A. M. Cole, one of the best read physicians of Indianapolis. Also the substance of a clinical lecture on Locomotor Ataxia, by Dr. Hugh T. Patrick, of Chicago, emphasizing the preataxic symptoms. The notes of Watterson on "Uncle Tom's Cabin," are well worth perusal.

# Doctors Lazear and Myers.—Yellow Fever Victims.

Dr. Welch, of Johns Hopkins, in a preliminary note to the report of Drs. Herbert E. Durham and Walter Myers, members of the English Yellow Fever Commission at Para, Brazil, published in the Johns Hopkins Hospital Bulletin of February, 1901, states both these gifted young investigators were in Baltimore last year on their way to Para.

Dr. Durham had the fever and recovered; Dr. Myers died. Dr. Myers had

made valuable contributions to immunity from snake poisoning and from protoids. Dr. Welch says, "How much more glorious is the cause in which the young lives of Lazear and Myers were sacrificed than any for which nations are in arms to-day." The English Commission thinks that man to man transferrence by mosquitos is "hardly intelligible for a bacillary disease, and does not satisfy endemiological conditions."

# The Necrology Report.

Dr. G. W. H. Kemper, of Muncie, has kindly taken on himself the duties of necrologist, so long the function of Dr. Jas. F. Hibberd, of Richmond. He has sent to each of the Secretaries of the County Societies, to be followed in writing, the obituaries, which will give the reports completeness but not detract from their individuality. The items requested to be included are as follows:

Name of deceased in full; when born; where born; date of death; place of death; cause of death; extent, and place of receiving preliminary education; preceptor, and place of professional study; where, and when graduated; where he practiced; was he a member of church? to what benevolent societies was he attached? general scientific, professional and social standing; to whom, and when was he married, and did he leave a widow, or orphans? any other facts deemed important.

# Abbe on Appendicitis.

By courtesy of Wm. Wood & Co., and of the author, The JOURNAL is enabled to present the notable article on appendicitis with illustrative plate.

We hope our readers will give it serious consideration—even to the matter of speculative considerations, with which Dr. Abbe closes. Around and beyond the field of proven knowledge lies the horizon of the imagination, and were it not for the use and stimulus of this faculty, there would be no progress; we would only stand and mark time.

Dr. Abbe makes the best plea for early operation we have as vet read. He is a master in the collection of facts and a greater master of deduction. His paper on appendicitis, as well as that on cancer

of the breast, will do much to stimulate early diagnosis and early operation, and thus save many lives and prolong others.

In connection with this last topic, we wish to call attention to Dr. Clark's article on Benign Tumors and Their Treatment. And we may well close by commending the careful autopsy dictated by Dr. White, of the Central Hospital for Insane, and reported by Dr. Todd—another contribution to angina pectoris.

# Drug Giving and Drug Teaching.

The Review of Reviews for April, is an unusual readable number. But physicians of any largeness of mind and experience will approve an article from Dr. Augustus Caille, "The Relation of the Family Doctor to Recent Progress in Medical Science." We agree with the author that much student time is lost by cramming their heads with a "lot of therapeutical ballast." Except for disciplinary value, and to make up deficiencies in the student's primary education in botany and chemistry, the time devoted in our medical schools to materia medica and therapeutics is a misdirection of energy. Read any military surgeon-Dr. Senn, of Chicago, for example. He will tell you that there are many drugs, but that the army service requires less than a dozen-alcohol, ether, morphine, mercurials, digitalis, quinine and potash salts are among the essentials.

And so with the amputating cases; they are convenient, "but as for myself, I usually use only a single scalpel." senior students are weak on diagnosis, etiology, practical obstetrics, and in general they lack much of what they should get from a large clinical experience. The medical and surgical clinics should be open to every student from the day he enters college to the day he graduates, and attendance should be compulsory. The progress in medical education excels that in any other field of research and study. But drug teaching and drug giving have stood still and marked time, while the essentials have advanced. Education is mainly "readin', ritin' and 'rithmetic;" the fads of the public schools have added little of value. Medical education is the knowledge of structure, function, and development, human and comparative. To

these fundamentals we add the problems of pathology, including diagnosis, the natural history of disease and remedial operation and medical correctives. How few the tools of metal needed; how few the internal remedies if the physician has the real wisdom, the knowledge of principles.

This article in The Review of Reviews will be widely read by the intelligent laity. Its fundamental notions should be considered by the physician and given weight by the makers of the college curriculum. And now to the words of the preacher:

"We can not with good grace dismiss the general practitioner and his requirements without speaking in plain language in condemnation of the drugging habit, of which he is still guilty to a remarkable degree. Cabalistic prescriptions are still as thick as flies in summer, and the majority of our patients pay willingly and handsomely for our wisdom transmitted to them in the shape of nauseating mixtures from the time-honored shelves of the apothecary shop.

"I know from personal observation that our cousins across the water do not prescribe or swallow one-fourth as much medicine as we do in our country. With but few exceptions, the entire vegetable and mineral kingdoms have given us little of specific value; but still, up to the present day the bulk of our books on materia medica is made up of a description of many valueless drugs and preparations. Is it not to be deplored that valuable time should be wasted in our student days by cramming into our heads a lot of therapeutic ballast?

"If our professors of materia medica in the undergraduate colleges are reticent in advancing the truth, the whole truth, and nothing but the truth, then it is time for us to tell them that they are to a large degree responsible for the desire on the part of the many practitioners to prescribe frequently, and without good cause, an unnecessary quantity of useless drugs. Every few weeks new drugs and combinations of medicaments are forced upon physicians with the claim that they are specifics in the treatment of disease; and the physician, in his anxiety to alleviate his patients' sufferings, because the simpler and more reliable agents have failed him, is gulled into trying the newly extolled remedy, only to find that it is still less efficacious than the old one.

"The common-sense practitioner knows by experience that the constant, frequent prescribing of innumerable drugs only ends in detriment to his patients. A working knowledge of hygiene and dietetics, climato, hydro, and mechano-therapeutics, simple medication, and a few drugs are the successful agents in internal medicine; and the sooner the physician will condense his pharmacopæia and materia medica to a vest-pocket edition, the more readily will his efforts meet with success in the practice of his profession, and the sooner will the 'Christian Science' delusion disappear."

# Indiana Medical College.

The graduating exercises will take place at English's Opera House, April 8th. The address will be by President Gobin, of DePauw University. Following the exercises, there will be a reception and collation for the graduating class and their friends. The senior class includes forty-six members. The plans for the new building for laboratory purposes are completed and ground will be broken at an early date.

## Eclectic Medical College.

The Eclectic Medical College, at 1128 East Tenth street, held the closing evercises of the term in the assembly room of the college last night. This closes the first year's work of the college, and as there four-years' course, there graduates. The fourteen students were presented with certificates of atundance, which make them eligible to enter the second year's course next year, instead Quite a number of receiving diplomas. of the relatives and friends of the students attended the exercises. Dr. T. M. Culver, President of the faculty, presided, and the addresses of the evening were delivered by Dr. Carl G. Winter, Vice-President of the college, who spoke on behalf of the Trustees, and Dr. W. P. Best, Secretary of the college, who spoke for the These talks were principally faculty. along the line of the new work that the college has entered into, its purpose and its future.

The above is from The Daily Journal.

The new school was organized last fall-It is one of the results of the recognition by law of the pernicious doctrine of pathies in medicine. By the same token, we may expect a school of osteopathy in Indianapolis, as it is recognized by the new And we have often wondered that there is not a school of homeopathic practice here. One thing may be said, however, of the better students of the sectarian schools: they find they have been misled, and later take courses in scientific Nearly a score of homeopathic graduates in and about Cleveland, Ohio, have recently adopted scientific medicine. But as long as these schools wish to foot the bills and give some of the fundamentals of medical education, the field is open. The initiative does not come from the student body; it is from the professors and founders, stimulated by legislative recognition of "schools" of medicine. medicine knows no schools.

# The Protestant Deaconess Society of Indianapolis.—Sixth Annual Report of Its Hospital Nurses' Training School, Etc.

There is a memorial to Dr. W. V. Morgan with likeness. Complimentary things are said about Dr. D. E. Johnson, the house physician, whose term has just expired. Kindly mention is made of the visiting physicians, Drs. C. R. Schaefer, Albert M. Cole, J. Buehler and Simon P. Scherer, each of whom has served three months. Dr. L. H. Dunning, Chief of the Medical Staff, also receives special mention for his persistence as an attendant and medical adviser. 'The Hospital has achieved great success and is held in high esteem in the city and State. The idea of the divinity of childhood and of motherhood, a primary tenet of Catholic doctrine and practice, has been made a living and active motive for hospital work in the Evangelical churches.

The medical staff is as follows:

General Medicine, Dr. H. Jameson, Dr. Allison Maxwell, Dr. Evan Hadley; Surgery, Dr. J. H. Oliver; Gynæcology, Dr. L. H. Dunning, Dr. H. O. Pantzer, Dr. O. G. Pfaff; Genito-Urinary Diseases, Dr. W. N. Wishard, Dr. J. A. Sutcliffe, Dr. J. R. Eastman; Diseases of the Eye and Ear, Dr. D. A. Thompson, Dr. F. A. Morrison, Dr. J. O. Stillson; Diseases of the

Nose and Throat, Dr. L. C. Cline, Dr. J. F. Barnhill; Diseases of Children, Dr. J. H. Taylor, Dr. R. O. McAlexander; Nervous Diseases, Dr. E. C. Reyer, Dr. H. M. Lash; Obstetrics, Dr. E. F. Hodges; Diseases of Rectum, Dr. Geo. J. Cook, Dr. E. D. Clark; Dermatology, Dr. Alembert Brayton, Dr. Frank Wynn; Pathology, Dr. Theodore Potter, Dr. T. B. Noble.

#### What Ails Kansas?

Wm. Allen White, author of "The King of Boyville," and who answered the question so pertinently, "What Ails Kansas," lectured before the Contemporary Club of Indianapolis, February 27th. He is an all-round newspaper man, and editor of The Emporia Gazette. He wrote the notable articles on Bryan and Croker which appeared in McClure's Magazine during the late campaign. Of local Kansas affairs he said:

"There's this about Mrs. Nation: she is a good, earnest, motherly woman who has suffered as a great many women do suffer from whisky. Her first husband, who is probably enshrined in her heart as the lover of her girlhood, died of delirium tremens. She is not insune, but sometimes is driven frantic by her earnestness and hatred of the saloon. There is no doubt about her motive, nor is there any doubt about her courage. Probably, sometimes she is very unjust; and certainly, sometimes she is foolish.

"The saloons, or, as we call them in Kansas, the joints, run in violation of the law and of the State constitution. They are as lawless as she, and, by the same token, she is as lawless as they. The Emporia Gazette has preached temperance and prohibition in double leads and broken paragraphs and exclamation points more or less for ten years. It has probably accomplished nothing. There were no saloons in Emporia before The Gazette started, and there are none now; but there are saloons in other towns, and until the editors in Kansas who have been preaching peacefully accomplish something-some net result—they cannot condemn Mrs. Nation, for she seems to get there. We all deprecate violence—I believe that is a nice, polite word which the insincere always adopt—but as a matter of fact, Carrie Nation hasn't struck a blow that did not make a lot of decent, respectable people who have seen Kansas jointists spit at the law, quiver with undisguised joy. You pay your taxes and take your choice out in Kansas."

As to the political situation in Kansas, Mr. White said that the State was safely Republican and largely on the issue of prosperity. He instanced facts to show how general this is throughout the State and the great diffusion of wealth. He said: "The day of freaks is past in Kansas. Mrs. Lease lives in New York and is, they say, soliciting for life insurance. Jerry Simpson is figuring on moving to Missouri. Peffer made speeches for McKinley last year in Indiana.

"Kansas politicians are like all other politicians—men with the usual number of legs, eyes, arms, teeth and the standard quota of brains. They have recently elected a United States Senator named Burton—a man who uses almost as many dictionary words as Ingalls and changes his clothes six times a day. If that isn't a good sign that Kansas has come back to the reservation and is going to be a good Indian, what further sign do you want?—Indianapolis News.

#### Cause of Cancer.

Buffalo, N. Y., March 29.—"Cancer is caused by an animal parasite which we have identified and located in the New York State Cancer Laboratory," said Prof. II. R. Gaylord, of the University of Buffalo, who has charge of that laboratory, last night. A peculiar feature about the parasite is the length of time required to develop a culture, and this, Prof. Gaylord said, accounted for the failure to fully identify it before.

Such is the press notice read to-day, March 30th, in every home in the United States. Heckloen, of Chicago, states, in the March issue of *Hare's Progressive Medicine*, that the work at Buffalo has been along the line of yeasts as the causative factor.

Dr. Parks, of Buffalo, has stated that cancer is year by year more prevalent; that it is attacking a better class of people, and that in ten years it will produce more deaths in New York State than tuberculosis. As a result, the Legislature has set aside \$10,000 for work in a "Cancer Lab-

oratory" at Buffalo, the bacteriologists being Dr. Gaylord and Dr. Pees. We hope the work may be continued. But Dr. Parks stands alone among our leading surgeons in his views, and under the circumstances, they should be taken cum grano salis. We hope that Dr. Gaylord's name is to be enrolled with those of Pasteur and Koch, but for the present, the judicious will hold their judgment in suspense.

#### CORRESPONDENCE.

# Dr. J. M. Wood, of Greensburg, Ind.

GREENSBURG, IND., March 25, 1901.

Geo. J. Cook, M. D.:

DEAR DOCTOR—Enclosed find my annual subscription for The Indiana Medical Journal, which I regard the best and cleanest journal published for the money.

J. M. Wood.

"Naught unwholesome or unclean

Hath our insect ever seen."

—Emerson's Bumblebee.

# Dr. Florer, of Texas.

WAXAHACHIE, TEXAS, January 31, '01.

My Dear Dr. Brayton:—With this find annual dues for your valuable journal. It is from my home and my old professional associates. I was first in Franklin county, and subsequently in Crawfordsville until the civil war, when I was appointed surgeon of the Twenty-sixth Regiment, and was with it until 1866, when I was honorably mustered out and remained in the South—and here I am to-day. In June, '99, I had the happy privilege of meeting my loved associates at the semi-centennial anniversary of the Indiana State Medical Society. But four responded to the roll call of 1849. And Dr. Gaston has now passed to the silent land where the inhabitants do not say "I am sick." vour humble servant have remained in Indianapolis. Drs. P. H. Jameson and W. H. Wishard still answer to the roll call, and I hope we may report to each other one of these days.

Yours sincerely, T. W. Florer.

# Society Meetings.

# St. Paul Meeting of the American Medical Association on June 4 to 7.

The President is Dr. C. A. L. Reed, of Cincinnati. The Secretary is Dr. George H. Simmons, editor of the Association Journal, Chicago. Excursion trains are already "making up" from different parts of the country. There are many scenic attractions about the Twin Cities—Fort Snelling, Minnehaha Falls, the Falls of St. Anthony, etc. No doubt excursions will be provided for those who wish to take them—the Yellow Stone National Park is only a thousand miles beyond.

# Vanderburg County Society (Evansville).

Officers for the ensuing year were elected by the Vanderburg County Medical Society, March 19th. They are:

President-Dr. James Welborn.

Vice-President—Dr. Charles Hartloff. Secretary and Treasurer—Dr. J. II. Willis.

Censor—Dr. A. M. Hayden.

Dr. Welborn, the new President, has been in Evansville about two years and has been with Dr. Edwin Walker in the Evansville Sanitarium during that time.

The meeting Tucsday night was well attended. The principal feature of the evening was a symposium on puerperal asepsis. Drs. Welborn, Hayden and Walker had papers which were discussed by the other physicians present.—Evansville Courier.

# Indiana State Medical Society Meeting at South Bend, May 15, 16 and 17.

The President is Dr. Geo. W. McCaskey, of Fort Wayne; Secretary, Dr. F. C. Heath, of Indianapolis; Treasurer, Dr. S. E. Bulson, of Fort Wayne. Everything points to a successful meeting. The society has never met in the northwestern section of Indiana. The three days' session will give opportunity for the discussion of papers. The proximity to Chicago will give members who desire a chance to visit the Windy City. South Bend is one of the most beautiful cities of Indiana. Notre Dame University is one of the oldest and most important seats of learning in

the West. Advices from the local committee of arrangements indicate that every pains will be taken to make the meeting an enjoyable one. We hope to see a registered attendance of not less than 250 members—at least one-seventh of the State membership. Titles of papers to be read should be sent to the Secretary at once.

# The Wells County Society—Report from Dr. Shoemaker.

PONETO, IND., March 27, 1901.

Dr. A. W. Brayton:

DEAR DOCTOR—Please note in The JOURNAL that at the March session of the Wells County Medical Society, Dr. W. N. Wishard was present and read a paper on "Causes and Treatment of Cystitis." There was an unusually large attendance, both of members and visiting physicians, every doctor in Wells county and some from adjoining counties having been personally invited to the meeting.

Dr. Wishard spoke at some length on the recent amendment to our medical law, showing the advantages the new law will bring Indiana physicians. Wells county physicians wanted the amendment, and had instructed their representatives to vote for it. They also highly appreciate the efforts of Dr. Wishard and others in secur-

ing its passage.

In the presentation of his paper on Cystitis, Dr. Wishard used the blackboard freely in illustrating his subject.

Dr. L. H. Cook opened the discussion in which Dr. L. A. Spaulding and others

followed.

The society considered the advisability of organizing a Physicians' Protective Association. All voted to organize, and a Committee on Constitution and By-Laws was appointed.

S. A. Shoemaker, Sec'y.

# Vigo County Medical Society.

At the last monthly meeting, Dr. W. E. Bell read a paper on "The Nature and Treatment of the Bite of Venomous Snakes." Notes of the discussion were sent The JOURNAL, as follows:

DR. L. J. WEINSTEIN.

I was very much pleased as well as amused at the paper of Dr. Bell. Certainly it is an innovation to the medical society, and one replete with wit, humor and science.

The treatment that I am familiar with and one that has been fairly successful, is large quantities of whisky and quinine internally, tight bandaging of the limb above the wound, and incising and cauterizing the area around the wound.

I think the point that chemical alkalies are useless, is not well taken. For instance: such as aqua-ammonia put into the wound, because it has been demonstrated, as the Doctor says, that chemicals such as alkalies have been mixed with venom until the venom was very largely diluted, and after hours and days then injected with fatal results. I can readily understand this, but I can likewise understand why chemicals applied directly to the tissucs would be beneficial by making an eschar, thereby preventing the absorption of the poison, upon the same principle that we use very hot water applied to bleeding tissues to prevent bleeding by causing the vessels and the tissue to contract. Now this very contraction, to my mind, will prevent at least a greater part of the poison from being absorbed.

# REMARKS BY DR. S. J. YOUNG.

I will offer some practical experience on the subject of the bite of the rattle-snake. On the Grand Prairies of Illinois, where with the family I went as a small lad in 1839—the prairies at that time and for many years after were infested by this venomous reptile—and the conversion of the virgin sod to uses of agriculture resulted in a given number of snake bites to those unavoidably exposed.

I will eite a case in point and a typical one more for the purpose of emphasizing the treatment pursued and which from the charming paper just read by Dr. Bell, seems with all the boasted advance in medicine, is as applicable now as then—with the addition of strychnia hypodermically.

An employed man engaged in breaking prairie was bitten by a "rattler" in the fleshy part of the great toe. The limb was immediately constricted above the ankle with a leather strap, and he rode rapidly to the house, a mile away. Reaching there, he consented to the heroic treatment of Ann, the trusted domestic of the house, who with a razor proceeded to lay the parts freely open, and fill the space with spirits of hartshorn with overlaying

pledgets saturated in the same, secured with a bandage. Whisky was freely administered for some hours after, without intoxication. The man's recovery was prompt and he returned to work in a few days.

As the venom is shown to be of acid reaction—is it not logical to infer that ammonia, a powerful alkali, may not act as a chemical neutralizer of the acid quickly applied to parts so freely laid open?

## REMARKS OF DR. F. E. WEIDEMANN.

The treatment consists principally in endeavoring to prevent the poison entering the system by mechanical means—by chemical agencies being injected or applied to the wound—thus destroying the poison and coagulating the surrounding tissues, preventing its entering the circulation. Also, free stimulation from alcohol, for counteracting the depressing effect physically and mentally.

I think Dr. Bell is wrong in stating that a solution of permanganate of potassium mixed with the venom in a test tube will not destroy the properties of the poison, as the experiment has been tried successfully by Fayer, some years ago.

#### DR. CHAS. M. DU PUY.

Dr. DuPuy related a case of rattlesnake bite of the hand, a deep scratch on the fleshy part of the thumb. The patient had taken considerable whisky, he being a saloon-keeper. When he came to the hospital, he had a rubber tube around his wrist, tied very tightly. The wound was washed out with potassium permanginate. Several syringefuls were injected into the thumb, around the wound. Strychnine was given in doses of 1-15 of a grain every two hours for several doses. The ligature was removed soon after the injection. The man made a good recovery, with the exception of a slight slough.

## PERSONAL.

# Dr. A. W. Bitting for State Veterinarian.

Governor Durbin, under the new law will appoint a State Vetenarian. The position opens up a fine field for the study of diseases common to man and the domestic animals along the line of work done by Prof. Abbot, of Philadelphia. Many of the physicians of the State have spoken favorably of the peculiar fitness of Prof.

Bitting, a graduate in both medicine and in veterinary surgery, and a well known teacher in Purdue University. The JOURNAL hopes the Governor will appoint Dr. Bitting, as he is eminently qualified for the position.

## Dr. S. A. Shoemaker.

During the month of April Dr. S. A. Shoemaker, M. C. I., '98, will attend post-graduate lectures and clinics in Chicago. The doctor is practicing in Poneto, Ind., is Health Officer of that town, and Secretary of the Wells County Medical Society.

# Dr. John A. Martin's Promotion.

Dr. John A. Martin, of Indianapolis, has been appointed to succeed Surgeon T. C. Sargent, who resigned from the head of the medical department of the Indiana State Soldiers' Home. Dr. Sargent was made assistant surgeon. He resigned on account of ill health, which rendered him incapable of making night calls. Dr. Martin is a graduate of the Medical College of Indiana, class of 1894. After serving a year as interne at the City Dispensary, he went to Europe for study, entering upon private practice here upon his return. He served as captain during the Spanish-American war with the volunteer cavalry from this State.

# NECROLOGY.

#### Dr. J. A. Goldsberry, of Bloomingdale.

BLOOMINGDALE, IND., March 8.—Dr. John A. Goldsberry, of this town, who was fatally injured while crossing the C. & E. I. tracks, near West Union, February 25th, died at 3:30 yesterday afternoon at Kingman, where he was taken on the day of the accident. His body was brought here last night.

Dr. John A. Goldsberry was born in Frankfort, O., July 11, 1835, of Scotch-Irish descent. His parents moved from Ohio to this State in the autumn of 1836, and lived for two or three years in Indianapolis, but later located in Augusta. He was engaged constantly in the practice of medicine since the spring of 1857, a period of forty-four years. In the civil war he was appointed surgeon of the First Indiana Heavy Artillery by Indiana's re-

nowned war Governor, O. P. Morton, and was given charge of hospitals at Baton Rouge, La. At the close of the war he returned here and resumed his practice. He was a member of the County and State Medical Societies, and of the American Medical Association.

Dr. Goldsberry was married in 1858 to Miss Mary Conelly, of this county. His wife and three children survive him—Mrs. Ned Evans and Omar Goldsberry, both of this place, and Warren Goldsberry, of Worthington.

# Charles Wesley Purdy.

Dr. Purdy departed this life at his home in Chicago at a period of life when he might have naturally looked forward to many productive years. Dr. Purdy was a native of Canada, and had practiced for two years in Hastings, Ontario, before settling in Chicago. The deceased was a member of the faculty of the Chicago Post-Graduate Medical School, and was an indefatigable worker in the chemical laboratory and at his desk. He had made a special study of diseases of the urinty organs and alterations of the urine, His work on "Uranalysis" is deservedly esteemed, has passed through a number of editions, and is upon the list of text-books of many of our best institutions.

#### Deaths of Indiana Notables.

Death has reaped a rich harvest in Indiana. The two most eminent women in the State, Miss Katherine Merrill and Mrs. Zerelda Wallace, the former a noted teacher, and the latter a most eminent philanthropist and temperance lecturer, have died within the year. The deaths of the Hon. W. P. Fishback, ex-Governor James A. Mount, Maurice Thompson, of Crawfordsville, and General Benjamin Harrison have all occurred within three months. And so the State yields to the silent majority a noted teacher; an honored philanthropist; a poet and novelist; and two eminent lawyers, schoolmates at Oxford College, and one ex-President of the United States; also the farmer Governor, loved by the people. Truly death has sought shining marks in Indiana,

# Reviews and Book Potices.

The Living Age for 1901. During the fifty-seven years of its existence this sterling weekly magazine has steadily maintained its high standard. It is a thoroughly satisfactory compilation of the most valuable literature of the day, and as such is unrivaled. As periodicals of all sorts continue to multiply, this magazine continues to increase in value; and it has become a necessity to the American reader. By its aid alone he can, with an economy of time, labor and money otherwise impracticable, keep well abreast with the literary and scientific progress of the age, and with the work of the ablest living writers. It is the most comprehensive of magazines, and its prospectus for 1901, is worth the attention of all who are selecting their reading matter for the new year. The Living Age Company, Boston, are the publishers. The offer to new subscribers is particularly inviting.

A Manual of Determinative Bacteriology, by Frederick D. Chester, Bacteriologist of the Delaware Agricultural Experiment Station, and Director of the State The work Bacteriological Laboratory. aims to arrange all sufficiently described bacteria in such a way that they can be determined by the laboratory worker. The system of classification of Migula has been adopted. The genera are then divided into classes in accordance with their most prominent characters. Under each class is a synoptical table, after the plan of a botanical key, which enables the student to trace out the species. Then follow brief and concise descriptions of the species. No known facts regarding the latter have been omitted, but the system of terminology adopted by the writer makes it possible to make these descriptions short and to the point, thus avoiding verbosity. The work is prefaced by a number of chapters on morphology cultural characters and methods, which will enable a student to take up any culture placed in his hands and to study it and determine it systematically. Teachers of bacteriology have long felt the want of a work which will enable a student to accurately describe the cultural character of an organism, and then to determine the species in question. Both of these demands have been met in the present work.

The MacMillan Co., 66 Fifth Ave., New York.

Fischer—Infant-feeding in Health and Disease. A modern book on all methods of feeding. For students, practitioners By Louis Fischer, M. D., and nurses. Attending Physician to the Children's Service of the New York German Poliklinik; Bacteriologist to St. Mark's Hospital; Professor of Diseases of Children in the New York School of Clinical Medicine; Attending Physician to the Children's Department of the West-Side German Dispensary; Fellow of the New York Academy of Medicine, etc. Containing 52 illustrations, with 16 charts and tables, mostly original. 368 pages, 53 x 8 inches. Neatly bound in extra cloth. \$1.50 net. Delivered. F. A. Davis Company, publishers, 1914-16 Cherry St., Philadelphia, Pa.

This is a good book and comes out in ample time for the summer months when so many children die from food poisoning. If the general practitioner fails in infant feeding it is his own sin, as we have ample scientific literature to aid him.

A Treatise on Appendicitis. By George Ryerson Fowler, M. D. Treatment by Surgical Methods; Medical Methods. The first edition of this treatise on appendicitis and its treatment by medical and surgical methods having been so favorably received, and the increase in professional interest making this second edition necessary, many chapters have been rewritten,

several recast, and two new ones added. Operative methods having advanced, some of the older ones have been abandoned, new ones added, with the surgical and operative procedures fully given and made clearer by many excellent drawings from nature, and thirteen full-page plates, of which five are in colors. One entire chapter is devoted to the medical methods of treatment; and as the difficulties attending the differential diagnosis of inflammatory lesions of the vermiform appendix—even by physicians of ability—are

well known, all available knowledge of the

lesions likely to be mistaken for appendi-

citis has been so systematized in one of the

new chapters as to assist the practitioners in arriving at a conclusion in doubtful cases in as early a stage of the disease as is possible.

There are fourteen chapters, as follows: Anatomical Consideration; The Inflammatory Lesions of the Appendix; Acute Appendicitis, Clinical History; Special Types of Appendicitis; Complications of Appendicitis; The Etiology of Appendicitis; Bacteriological Considerations; The Diagnosis of Appendicitis; The Differential Diagnosis of Appendicitis; The Prognosis of Appendicitis; The Non-Operative Treatment of Appendicitis; The Treatment of the Complications of Appendicitis; The Operative Treatment of Appendicitis; The After-Treatment of Appendicitis; Appendicular Lesions from Foreign Bodies; Typhlitis; Perityphlitis and Paratyphlitic Abscess.

Two hundred and thirty-five pages; 58 illustrations, 13 plates, 5 colored. Price, \$2.50. J. B. Lippincott Company, Philadelphia, London, Montreal.

The "Little Masterpiece" Library and The Review of Reviews. The Review of Reviews has made a contract by which it has bought a number of thousands of sets of the "Little Masterpiece" Library on terms which enables it to offer a combination of the books and The Review of Reviews at about half price and on a payment of only 50 cents down. Although this dainty library of the English masterpieces was sold by the publishers at the rate of \$7.20 for the twelve volumes, and it was claimed by them to be their greatest bargain, we offer to send the entire set of twelve volumes in regular handsome red cloth binding at once, on receipt of 50 cents, and to send the purchaser The Review of Reviews for one year; the balance of the payments to be 50 cents per month for 10 months.

The "Masterpieces" are: Poe—Fall of the House of Usher; Ligeia; The Cask of Amontillado; The Assignation; MS. Found in a Bottle; The Black Cat; The Gold Bug. Irving—Rip Van Winkle: Legend of Sleepy Hollow; The Devil and Tom Walker; The Voyage; Westminster Abbey; Stratford-on-Avon; The Stout Gentleman. Webster—Adams and Jefferson; Reply to Havne. Hawthorne—Dr. Heidegger's Experiment; The Birthmark;

Wakefield; Ethan Brand; Drowne's Wooden Image; The Ambitious Guest; The Great Stone Face; The Gray Cham-Thackeray—The Book of Snobs; Roundabout Papers; Ballads. Lincoln— Speeches; Letters; Lincoln's Lost Speech. Franklin-Autobiography; Poor Richard's Almanac; Selected Essays; Letters. Carlyle—Essays; Life of Sterling; The French Revolution; Cromwell's Letters and Speeches; Sartor Resartus; Past and Present. Macaulay—Essays; History of England. Ruskin—The Two Boyhoods; the Slave-Ship; The Mountain Gloom; The Mountain Glory; Venice: St. Mark's; Art and Morals; The Mystery of Life; Peace. Lamb—The Two Races of Men; New Year's Eve; Imperfect Sympathies; Dream; Children: A Reverie; A Dissertation Upon Roast Pig; On Some of the Old Actors; Detached Thoughts on Books and Reading; The Superannuated Man; Old China; Letters. De Quincey—The Affliction of Childhood; Confessions of an English Opium Eater: The Pleasures of Opium, The Pains of Opium; On the Knocking at the Gate in Macbeth; The English Mail-Coach: Going Down With Victory, The Vision of Sudden Death; Lavana and Our Ladies of Sorrow.

A New Method for Coapting Incised Wounds. Reprint from the Medical and Surgical Monitor of Indianapolis, and also in the St. Louis Medical and Surgical Journal for March, 1901. By Arthur G. Bretz, M. D., House Surgeon and Physician at the Indianapolis City Hospital. With illustrations. Adhesive straps to each side of wound drawn together with strings.

Among the important advantages which is claimed for the method are the following:

First, it prevents the painful process of inserting stitches, of which all patients have such a dread.

Second, it does away with the possibility of stitch-hole abscess and the trouble caused by particles of sutures being left in the wound on removing the stitches.

Third, it prevents the stitch marks, which always add to the unsightliness of the scar.

Fourth, in eases of wounds inflicted by a blunt instrument, the bruised tissues will not tear out.

H. Lilienthal, of New York, also advocates the use of adhesive plaster instead of sutures to close cutaneous wounds. The deeper layers of the wound are closed in the usual manner, with the aid of suture materials of various kinds, absorbable and non-absorbable. All hemorrhage must be carefully checked, and the skin thoroughly dried with alcohol or ether. Strips of adhesive plaster are then laid on, while an assistant adjusts the edges of the wound. The method should not be used when there is tension, but only when the wound can be closed without force. The plaster used at present is one made by Johnson & Johnson at the author's suggestion. They have found that the zinc-rubber plaster may be rendered perfectly sterile by exposing it to the fumes of formalin in a vacuum chamber, and the plaster is now furnished sterile and in a sterile container. Each container holds enough plaster already cut in strips to close an ordinary wound six inches in length. It is sold under the trade name of Sterilized Z. O. Strips. Any of the material which is left over is thrown away, or it may be resterilized. The strips should be removed on the fifth or sixth day by loosening both ends and drawing them toward the wound. If the adaptation of the edges has been careful, the wound in a clean case on removal of the plaster will look like a mere scratch. A second application of the plaster is not necessary, a dry sterile covering being sufficient. If at any part of the line the edges of the wound have not been accurately approximated, the surface should be thickly dusted with a dry aseptic powder. The wounds made in the operations for abdominal section, nephropexy, major amputation, kelotomy, and amputation of the breast are some of those which have closed by plaster with good results.—St. Louis Medical Review, February 16, 1901.

Dr. Gould's New Journal. The business management of the new weekly will be in capable hands. Mr. H. D. Reynolds having made an enviable and most remarkable record with the Philadelphia Medical Journal.

Dr. Gould will have the hearty support and co-operation of many lovers of high-class journalism, and I predict that his success may be even greater than that of the journal which was so auspiciously launched under the able guidance of the

late lamented Wm. Pepper.

It may be superfluous to add that Dr. Gould's one mistake—that of cutting off his exchanges will not be repeated in his management of the new weekly.—Dr. C. W. Fassett, editor of the American Medical Journalist.

Harrington's Practical Hygiene. For Students and Practitioners of Medicine and Medical Officers. By Charles Harrington, M. D., Assistant Professor of Hygiene in Harvard Medical School, Boston. In one very handsome octavo volume of 718 pages, with 105 engravings and 12 full-page plates in colors and monochrome. Cloth, \$4.25 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1901.

The increase in general intelligence is shown in the growing appreciation of public and private hygiene—the science and art of conserving the health, energy, wealth and welfare of the individual and

of the community.

Professor Harrington has summarized this vast domain by presenting its most modern results and data in a single convenient volume, comprehensive enough to serve the needs of student, physician and sanitarian.

The requirements of all English-speaking countries are suggestively borne in mind by the chapters on Military, Naval, Marine, and Tropical Hygiene. Individual health is guarded in the sections on food, diet, air, soil, water, rest, sleep, recreation, exercise, clothing, housing, warmth, ventilation, etc., and public health is treated under such headings as Disinfection and Disinfectants, Disposal of Wastes, Vaccination, Quarantine, Hygiene of Occupations, Disposal of the Dead, Vital Statistics, etc.

In a word, the volume is complete, authoritative, practical and modern.

The Pathology and Treatment of Sexual Impotence. By Victor G. Vecki, M. D. Published by Wm. B. Saunders from the author's second edition, revised and rewritten. The author is a specialist in genito-urinary surgery in San Francisco, and is a linguist of note. His English is clear and concise. The author combats many old notions and statements. Every phase of the subject is considered, and the natural interest in the subject and the style in which it is presented, carries the reader on easily from chapter to chapter.

Of the work itself the author says in the

preface:

"I have taken the liberty of preserving the independence of my altruistic opinions, and shall continue to fight against false and hypocritical quasi-scientific pretensions. The circumstances that my work has been given earnest consideration by authorities like Casper, Eulenburg, Furbringer, Krafft-Ebing, and others makes it easy to bear all the acrimonious aggressions dictated by the bilious nature of some of the 'Dii minorum gentium.'

"When the first German edition of this work was published, in 1889, there was some commotion in the ranks of old and young medical fogies who were indignant that any one dared to resist their intellectual tendencies, refused to worship their superannuated gods.

"The second German edition found the ranks of the same kind of professional formula-riders and bigots solid, though

somewhat thinned.

Maurice Thompson's Postthumous Novel. Among the most welcome announcements for the spring publishing season is "Sweetheart Manette," by Maurice Thompson, to be issued by the Lippincotts during February. Its scene is old Bay St. Louis, near New Orleans, and the novel is full of Mr. Thompson's charm and vivacity.

The Student's Manual of Venereal Diseases. By Dr. F. R. Sturgis, of New York, sometime Clinical Professor of Venereal Diseases in the Medical Department of New York. Seventh edition, revised and in part rewritten by Dr. Sturgis and by Dr. Fallen Cabot, Instructor in Genito-Urinary and Venereal Diseases in the Cornell University Medical College, Phil-P. Blakiston's Son & Co., adelphia. 1012 Walnut St., Philadelphia; pages Price, \$1.25. Dr. Sturgis illuminated all that he wrote. This handbook is in the form of lectures given before 1880. The author has rewritten the parts treating of syphilis and chroncroid; Dr. Cabot has revised those relating to gonorrhœa. And so the seventh edition goes forth as an up-to-date treatise, but retains the charming style and large clinical knowledge of which Dr. Sturgis was so easily a master.

The University of Pennsylvania Bulletin, formerly The University Medical Magazine, is now issued as a quarterly without advertising matter. The March issue contains the first of a series of twelve articles by Dr. Francis R. Packard, devoted to the medical men of revolutionary times. The editor is C. H. Frazier, M. D., assisted by the entire faculty. The price is two dollars a year. The Bulletin thus becomes the organ literary, personal and medical, of the University.

The Cincinnati Sanitarium sends its twenty-seventh annual report for the year ending Nov. 30, 1900, in it familiar red cover. This is a private hospital for persons suffering mental and nervous disorders, drug habits, and inebriety, at College Hill, Station K, Cincinnati, Ohio. Dr. Evarts, for many years the Superintendent of the Indiana Central Hospital for Insane, is the Superintendent. The hospital has had an excellent patronage from Indiana and is an excellent place for those who desire treatment and whose friends do not wish for various reasons to have their relatives adjudged insane and placed in a State institution.

Tea Growing in America. Those who have supposed that tea-growing is impracticable in the United States will be surprised by the title of an article contributed by Leotrona Beck Ellis to The Review of Reviews for March, "American Tea Gardens, Actual and Possible." The facts set forth by Mrs. Ellis fully justify the title of the article, for it is shown that tea is successfully grown and prepared for the market in the Carolinas, and there appears to be no good reason why the industry should not be conducted in other parts of the South. Science proves that it is feasible.

The April Cosmopolitan contains a discussion of what constitutes the ideal wife, by Laura Hart; a paper by the late Grant Allen on the English Aristocracy; also an

article by John Brisban Walker on the Pierpont Morgan organization, under the title, "The World's Greatest Revolution." It would seem that Mr. Carnegie is to give the greatest object lesson the world has had as to the best distribution of the wealth of capitalists. He has made himself the greatest conservator and distributor of literature yet known.

LAFAYETTE, IND., January 13, 1901.

Dr. A. W. Brayton:

DEAR SIR—Some time ago I ordered sent to you a copy of "School Sanitation and Decoration" (D. C. Heath & Co.). I understood you to say last spring that you would like to review it in The Indiana Medical Journal, but I have failed to find it. Perhaps I have overlooked it, or perhaps the publishers failed to comply with my request to have a copy sent to you.

It may be of interest to you to know that the book has been adopted in the Reading Circles of the Teachers' Association of the States of Indiana and Illinois.

Very truly yours, SEVERANCE BURRAGE.

We have read this book and have loaned it also to a number of school teachers, who have expressed their pleasure and profit from its perusal. The book is unique and is beautiful. If its precepts were followed by school boards and teachers, the schools would be greatly improved in the matter of health and beauty. It is a good test of a book that school children like it. A little girl of ten years said to the writer, "This is a book my mamma would like to read, and I wish we had one for our school."

The Technique of Surgical Gynecology. By Prof. A. H. Goelet, Professor of Gynecology in the New York School of Clinical Medicine; Fellow of the New York Academy of Medicine, and of the New York Obstetrical Society; Member of the American Medical Association, New York County Medical Association. 340 pages; 150 original drawings, bound in cloth; printed in white leaf. New York: International Journal of Surgery Co. 1901. Price, \$2.00.

Commencing with the preparation of the patient and of the field of operation, the author describes minutely the preparation of the operator, assistants, nurses, of the operating room, instruments, dressings, etc. Then follow detailed and clear descriptions of each operation illustrated with a profusion of original drawings and photographs which still further elucidate the text. The concluding chapters of the book are devoted to the no less important subject of the after-care of the patient. In view of the fact that this work contains a large amount of valuable information not to be found in the text-books on the diseases of women, it will serve as a practical guide to every one desirous of acquiring a knowledge of the technique of surgical gynecology.

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Many of our readers have noticed the recent papers of Dr. Goelet on the technique of surgical diseases of women, and will be pleased that his book on the art and practice is accessible. For surgical gynecology consists in "getting the cases and operating on them," granted that one

is versed on general principles.

#### The Gentleman in Literature.

The Rev. Dr. Quayle, pastor of Meridian Street Methodist Church, in Indianapolis, delivered a lecture in middle March on "The Gentleman in Literature" to an audience that was large and appreciative. His references to many of the well-known characters in literature were of a refreshing nature, and the light which he threw on them endowed them with a new sprightliness and vitality. The student of literature was shown the virile human qualities that exist in many of the characters of literature, such as Don Quixote, Daniel Deronda, Henry Esmond, John Halifax, Sidney Carton and others, and there is no doubt that the lecture will cause many to read these stories with a deeper insight and broader comprehension of their human qualities.

Dr. Quayle, among other things, said: "We don't know how big life is till we live it. We think of some things as merely humorous and we laugh, and we think of other things as sorrowful and we cry. But human nature is deeper than mere appearances. Humor has its tears as well as sorrow its laughter. There is a greater meaning in things than appear on the surface. Shakspeare put greater things into the lives of his characters than he

knew of, just as there are greater things in the world than man knows of. And Don Quixote was the first gentleman in literature. He uttered no unclean word, no shameless bombast, no contumacious speech. A gentleman is a being of recent times, and the gentleman in literature is more recent still. There was no gentleman in all the Homeric times. Dante did not produce a gentleman because he did not well know what a gentleman Shakspeare produced no gentleman: Hamlet was the nearest approach. None of Dumas' characters were gentlemen. Of the Bible characters, Joseph was a gentleman; Moses was lacking in only a few respects. The greatest gentleman of all men was Jesus Christ. Search all the history of the ancient times, and the nearest approach to a gentleman was Cyrus the A man does not have to be a saint to be a gentleman. God does not want us to be saints. He wants men. One man is worth a bushel of saints. wants manhood in the world, and, if he does not get it, then the worse it will be There are only three full-grown gentlemen in all literature—Don Quixote, Henry Esmond and King Arthur."-Indianapolis Daily News.

#### Review.

Progressive Medicine, Volume I, Lea Brothers & Co., March, 1901.

As all our readers know, this series is a quarterly digest of the advances, discoveries and improvements in the medical and surgical sciences. It is edited by Dr. H. A. Hare, of Philadelphia, the Professor of Therapeutics and Materia Medica in the Jefferson Medical College, assisted by Dr. H. M. R. Landis, also of Jefferson. The present volume includes the surgery of the head, neck and chest, by Dr. J. Chalmers Da Costa, the eminent surgical teacher and author; infectious diseases, including acute rheumatism, croupous, pneumonia and influenza, by Dr. Frederick A. Packard; the diseases of children, by Dr. Floyd M. Crandall; pathology, by Dr. Ludwig Hektoen, of Rush Medical College, Chicago; a review of larvngology and rhinology, by Dr. A. Logan Turner: a chapter on octology, by Dr. Robert L. Randolph. There are 433 pages. printed in a large, legible type, and well arranged for immediate reference.

valuable series was awarded the grand prize at the Paris Exposition in 1900.

The long chapter on surgery of the head, neck and chest by Da Costa will be welcomed by all who follow his work on

surgery in their practice.

Dr. Packard's article of over 45 pages on typhoid is valuable as regards prophylaxis and treatment. Malarial fever has all the interest which attends the relation of the work of Manson and Koch. "Fourth Disease" is distinguished from ruhella (rose rash) and scarlet fever by a differentiating table of two pages from the paper by Dr Dukes, who gave the name of "Fourth Disease," in an article on "The confusion of two different diseases under the name of ruhella (rose rash)," based on the study of the various infections at Rugby School, to which Dr. Dukes is physician. So now we have scarlet fever, measles, German measles and the fourth disease (which might be called "Rugby No one of these exempts from rash"). the other.

Dr. Hektoen gives credit to Dr. F. B. Wynn, of Indianapolis, for securing to the American Medical Association the valuable section of pathology, by presenting an unofficial pathological exhibit at the Atlantic City meeting.

the Atlantic City meeting.

He also commends the "productiveness and originality of American pathology," to which he has been the most active Western contributor, as set forth in the three memorial volumes—The Pepper Memorial Volume, The Jacobi Festschrift and the

William H. Welch Series.

Hektoen still opposes Roswell Park's statement that cancer is increasing, attacks a better class of people, and will soon be a more fatal disease than tuberculosis. He reports, however, that English and Russian statistics show an increase. It is possible that carcinoma, like alcoholism, venereal diseases and general paresis, are appendages of civilization. Hektoen says that "the concensus of many writers is that the parasitic theory, though resting on a slender basis, has as much in its favor as any other hypothesis, and carries with it greater hope for therapeutic and prophylactic measures." Hektoen thinks that Leopold's work in Dresden on the relation of blastomycetes to carcinomata is entitled to respectful consideration, but warns us to be careful about accepting

premature conclusions at this stage of the vexed question.

He sums up Leopold's work thus: "It shows blastonycetes in the fresh tissue of a carcinoma of the ovary; isolation in pure culture; injection of pure culture-into the testicle of a rat producing peritoneal nodules of the structure of round-cell and giant-cell sarcoma containing blastomycetes in large numbers and easily isolated." Of course, as Hektaen says, this production of sarcomatous growths in animals is paradoxical and disturbs our faith in the blastomycetes being the cause of human carcinoma.

We have given a little attention to this review of Hektoen's, because he is representative of that conservatism which is alone scientific and is able to hold the judgment in suspense. And, also, because a very extended series of inoculation experiments with blastonycetes from our own case carried on by Professor Catherine Golden, of Purdue University in the lower animals have been negative.

The subject of cancer will not down, as we have had ample proof in the Marion County (Indianapolis) Medical Society. Three papers have been read on three successive meeting nights in March of this year upon this subject—Dr. Clark on the treatment of benign tumors, Dr. Wright on tumors of the breast, and Dr. Graham on cancer of the stomach.

The old straw was threshed over in the discussion, but hardly a single grain of comfort or sustenance was developed. was noticed that the surgical members have through the discipline of a larger experience and a better knowledge of gross and micro pathology, parted somewhat from their old-time aggressiveness and positiveness, while at the same time their results and statistics—meager and imperfect as they necessarily must be-when taken in connection with the optimistic figures of Halstead and such calm and judicial papers as those of Abbe, have to some extent braced up the general profession. Certainly the family doctors better appreciate the necessity of having all tumors removed and removed early, than they did some three or four years ago.

In conclusion, we recommend the vavious sections of this volume of Progressive Medicine—a series which does not belie its name.

No. 11. Vol. XIX.

INDIANAPOLIS, MAY, 1901.

Price, \$1.00 a Year Whole No. 227.

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#### Reviews and Book Notices.

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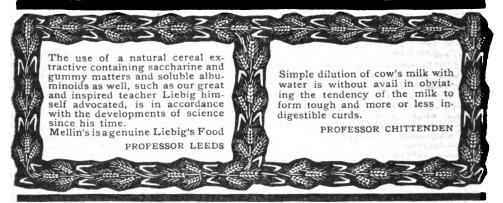
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# Indiana Medical Journal.

Vol. XIX.

INDIANAPOLIS, MAY, 1901.

No. 11.

# Addresses and Original Communications.

#### ON CANCER OF THE BREAST.\*

BY ROBERT ABBE, M. D., OF NEW YORK. Surgeon to St. Luke's Hospital.

We recur again and again to what was, up to recent times, a dreary subject, the surgery of cancer of the breast; and it would still be monotonously dreary were it not for the rays of light which pierce the gloom and lend hope to the operator and victim. The question whether the surgeon can eradicate a cancer of the breast when it is presented to him in a very advanced stage is open to debate, but as to his power over the dire disease when it is taken early there is a growing feeling that the day has come when we are to be emancipated from the stigma of helplessness.

The study of the causations of cancer is not within the scope of my remarks; that has been dealt with by able pathologists. Some light seems to be dawning on the subject, tending to show a bacterial causation which is sustained by clinical resemblances to other disorders of known bacterial origin, but no noteworthy advance in curing the disease has been the outcome of this knowledge compared to the results of a close study of the anatomical relations of the diseased parts. Here, as in the corresponding study of cancers of the tongue, and other organs, the study of the lymphatic system is paramount in importance. For thirty years the rôle played by the lymphatic channels in causing dissemination has been emphasized, but during the last fifteen years, since the researches of Billroth, Haidenhain and

others, and later of Halsted, and Stiles, the minute anatomy of the efferent lymphatics from the cancer have given exact demonstration that recurrence is always along these lines, and that carefully detailed dissection of them at the time of operation on the breast points the way to the only method of eradication.

Incidentally, additional endorsement is positively furnished to the belief that cancer is, in its early life, a purely localized disease. Thus we have the corroboration of the fact seen in every surgeon's experience, that cancer, as shown in the lip and skin, where there is less active lymphatic circulation, can be eradicated, and immunity is seen to follow for a lifetime.

But there are some regions of the body, the tongue, breast, uterus, etc., where the absorbent channels are so free that the spread of the infection is rapid and deep, hence, more early and active surgical work is needed to accomplish the same end.

Progress toward the cure of mammary cancer has come from the recognition of the following anatomical distribution of the lymphatics:

1. Those which drain the mammary gland directly toward the axilla, through parallel channels in the cellular tissue, coursing from the axillary edge to the gland of the axillary vein, interrupted by occasional lymphatic glands, finally concentrating in several channels lying upon the axillary and subclavian veins, mostly upon its anterior surface and entering the neck at the junction with the jugular.

2. A series extending from the mammary gland directly outward to the overlying skin communicates with the lym-

phatics of the skin itself.

3. A series from the deep aspect of the gland passes directly to the bed of cellular tissue between the gland and the pectoral muscle, where it is joined by lymphatics emerging from the pectoral muscle, and

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these together travel toward the axilla upon the pectoral fascia.

▶ 4. Another series extends toward the sternum and is associated with the veins, penetrating the sternal part of the pectoral muscle and thus enters the mediastinum.

Clinically, it is observed that the segment of the mammary gland, which is the seat of the disease, determines which series of lymphatic channels will be most involved. The axillary section receives by far the greater part of the infection. When the superficial part of the breast is first involved, the skin becomes infected and the disease spreads in its lymphatics.

In the pectoral aspect of the gland, the lymphatics upon and beneath the muscle are quickly and profoundly infected, and it is observed that the disease will penetrate against the normal lymphatic current and, in many cases, enter the pectoral muscle, although it was at one time believed that by removing the pectoral fascia the outposts of the disease in this direction were thoroughly removed. In later stages of absorption, the more distant lymphatics of the neck and of the pleura are demonstrated to have been infected.

The entire situation, therefore, presents an orderly progress strictly along anatomical lines, and it is the knowledge of this fact, as we shall see, that has given the great impetus to surgical zeal in attempted extirpation. The phase of the spread of the disease by absorption must be supplemented by a recognition of the facts of infiltration of contiguous parts by actual proliferation as when the sternum and ribs become infected by contiguity. The most essential fact for the surgeon to remember, however, is the "lymphatic system of absorbents."

The breast is the seat of several varieties of tumors, but for present consideration we shall discount adenomata, adenofibromata, cysts, and sarcomata. We shall leave them entirely out of consideration as they do not partake of the clinical history of the infectious cancer, although they are essentially a proliferation of the mammary tissues. They are not clinically classed as malignant. The adenomata are strikingly like carcinomata in feeling, and, doubtless, are frequently made the basis of "cure" by the charlatan.

Corroborative of the anatomical channels of infection, we see the clinical evidence when we recall the old-time methods of operating. Let us go back a few years to the time when operators for cancer of the breast meant removal of the mammary gland only; then, the recurrences were uniformly in the axilla, neck, and in the skin. To-day, the axilla is regarded as primarily contaminated, almost as soon as any tumor can be recognized in the breast. Examination of 100 consecutive cases has demonstrated that the axillary glands are practically always involved, hence, good surgery demands the entire dissection of the axillary lymphat-The surgeon realizes, however, that he has compelled absorption to travel by the superficial anastomosis; and thus we find that recurrences are now more often than formerly seen upon the skin; this carries with it an additional demonstration that the superficial lymphatics must have harbored infecting material beyond that which was apparent to the naked eye; and that there has been an outcropping of the uneradicated remnants of the original infection, which might have been prevented by more extensive removal of the skin at first.

These invisible remnants of the disease are to some extent demonstrable by a method resorted to at the time of operation by Stiles and others, consisting in the immersion of the extirpated parts in 5-per-cent. nitric acid, for a few moments, followed by immersion in alcohol, by which minute outlying infected points can be demonstrated on the cut edges if the surgeon has failed to cut wide enough of the disease. This method gives added security to the operation. Most operators, however, prefer to estimate by experience when they have given a wide enough berth to the disease. The tendency on the part of all recent operators is to make more extensive removal of the skin than was formerly thought necessary, regardless of securing apposition of skin-edges in cases where the disease has invaded the surface of the gland. The cardinal rule of operation is to fill the large skin defect by Thiersch grafts or allow healing by granulation. It is not necessary here to give in detail the methods of operating now so well known to every surgeon and commonly described in recent text-books, based largely on Halsted's admirable description, in 1894. This has been supplemented by still more extensive extirpation of the supraclavicular lymphatics in all bad cases. The profession now recognizes that in the most celebrated and prolonged operations as now performed, requiring not uncommonly two hours or more, the extreme care in controlling every bleeding point, making the operation comparatively bloodless, has largely removed the element of shock, and thus death from operation is of the rarest occurrence. Several series of 100 consecutive operations have been recorded without fatality.

Too much emphasis cannot be laid upon the operative infection of the wound by cutting infected glands and lymphatic channels, or discharging into the healthy wound infected cells squeezed from the parts being removed. This danger is recognized by the best operators and is analogous to the recognized risks of autoinfection of the patient in removal of tubercular disease, as in caseating lymphatics or in resection of tuberculous joints. It has often seemed to me that the preparation of the patient prior to operation on mammary cancer by severe and sometimes harsh scrubbing of the skin of the operative area by the nurse has a measure of risk in disseminating the disease in the cutaneous lymphatics, which may in a measure account for some recurrences in the neighborhood of the scar, which is one of the most frequent sites for the miliary For this reason I advise the deposits. least friction and handling consistent with cleansing the skin before operation. Infection of the areola tissue by escaping cells is no myth and has been often demonstrated by such traumatisms as exploratory needle-punctures into malignant growths or along the track of the needle in aspiration for cancerous effusion in the pleura.

To determine the actual value of the great amount of work done in this important field during recent years, one must, in a word, be able to state the length of time after operation that the patients have been rid of disease, and what approach has been made toward eradication. This end may be arrived at in two ways; first, by the statistical method, and, second, by what I may venture to call the "personal impression" of surgeons. Either method is open to deception, and yet with care may be made to yield the truth. Large groups

of cases gathered from many sources, extending over perhaps twenty years, would include much that does not represent the latest thorough methods, while smaller groups of individual operators either may not give long enough periods to show values in the time of immunity, or else may represent picked cases in the hands of some operators who refuse cases that are extensively malignant. Prior to recent improved statistics the best consecutive reports by well-known surgeons gave practically no radical cures, and the speedy local recurrences were ranged from 60 to 85 per cent. Immediately upon the adoption of more radical methods the change in statistics recorded by the same great authorities showed a radical cure could be accomplished in from 14 to 30 per cent. (Volkmann, Billroth, König, Kuster, Bergman and others.)

By "radical cure" was meant, as expressed by Volkmann, immunity for three vears after operation. The most earnest and extensive work has been conducted throughout Germany, but none more thorough than that accomplished in our own country at Johns Hopkins University. Without ignoring the able contributions of Weir, Bull, Dennis and others, one may speak of Halsted's statistics as representing the best as yet attainable. In the Annals of Surgery, Vol. xxviii., for 1898, Halsted records the results of 133 operations done at Johns Hopkins during the nine preceding years: 41 per cent. are living without recurrences and without any signs of metastases; 76 of the 133 survived more than three years, 10 of them died more than three years after the operation, one died as long as five and a half vears. Of these 10, one had local recur-Forty patients, or 52 per cent., lived more than three years without any regionary sign of recurrence. In 67 cases, the supraclavicular fossa was dissected clean of the lymphatics, of which 34 per cent. revealed cancer-cells in these tissues. Four cases among those whose necks were involved are living and free from metastasis after more than three years subsequent to operation, two of which were alive over four years after the primary operation. Where the supraclavicular fossa was surgically cleared of glands primarily, which was done 53 times, the tissues were found involved in 23 per cent.

In an article in the British Medical Journal, June 17, 1899, by Stiles, of Edinburgh, on "Cancer of the Breast," he mentions the statistics of Mr. Cheyne and says that 51 per cent. of all cases operated on by him since 1890 are alive and well at periods varying from three years and nine months to nine years. Stiles emphasizes the result of extensive microscopical examination, proving the course of lymphatic absorption in the spread of the disease to have been mainly by the lymph channels occupying the venous blood-vessels; he regards the retromammary tissue as infected at an earlier date than the skin lymphatics. He says that in 30 per cent, the cancerous nodules have been found on the posterior surface of the pectoralis major, and adjacent to the course of the thoracic vessels in about 30 per cent. In this number of cases the muscle itself was usually found free from the tissue, so that one may say retropectoral lymphatic invasion occurs in at least one-third of all mammary cancers.

My own personal experience in pure carcinoma of the breast, confined to my notes of the past fifteen years only and excluding all cases of mammary cysts, sarcomata, adenomata, or adenofibromata, of which there are many, shows 33 cases in private and 90 in hospital practice, a total of 123 cases. Not one death from operation has occurred in my long experience. I have not been able up to this time to search far into the present status of the most of these. I shall note, therefore, that of the 33 private patients which ought to represent the average of the others, I have very recently heard of 18; one survived six years; one five and a half years; four, four years; three, three years; five, two and a half years, and four, one and a half years. Thus about 50 per cent. have reached the three-year limit and nearly as many more have approached it.

Let us disconnect our mind for the moment from the statistical review of the subject and regard the personal estimate of modern operative work of all experienced surgeons, and we will find to-day that it is the expression of men, who have passed through the stage of pessimism which was quite universal up to fifteen years ago, that they are now renewing their efforts at eradication with high optimism. It does not take more than a

few cases passing the three-year limit to inspire an operator with the great value of advanced work, proving to his experienced eye that the disease has started as a local affair and was at an early stage absolutely under control, and in the latter stages subject to limitations. Such results as three years' immunity are now within the easy reach of all good operators.

Granted that the removal of the apparent disease and its complete eradication are two different matters, the latter of which is not always possible, it still remains proven that the surgical dissection of the extensive lymphatic involvement gives these advantages over non-operation: (1) The pressure of cancerous masses in the axilla and neck, producing inevitable edema of the arm and extreme neuralgia, is not seen. (2) The cachexia, formerly so distressing a feature of persistent absorption, is now rarely seen even when recurrence ensues. This is equally true in operations for cancer of the stomach, bowels or rectum; the products of cancer-growth cease to poison the system and the patient usually acquires and maintains a good color.

Finally, recent experience shows that a recurrence of cancer after operation need not discourage the patient or surgeon. If it be speedily and thoroughly attended to, there is still a strong probability of its eradication, as the recurrence is not a return of the disease, but a continued growth of invisible metastic foci left at the time of operation.

#### THE PROPHYLAXIS OF VENEREAL DIS-EASES—MEDICAL ASPECTS OF THE SOCIAL EVIL.\*

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It has been estimated by a competent and careful authority that fully one-eighth of all human suffering is caused by venereal diseases or their sequelæ. As regards their prevalence in this city it may be said that there are no data upon which we can base conclusions possessing definite scientific value.

According to Neisser, the discoverer of

<sup>\*</sup>Abstract of paper read before the New York County Medical Society, February 25, 1901. From the Philadelphia Medical Journal, April 6, 1901.

the gonococcus, gonorrhea, is with the exception, perhaps, of measles, the most universal and widespread of all diseases. Other German authorities have computed that fully three-quarters of the adult male population and one-sixth or more of adult females have contracted gonorrhea.

As regards the prevalence of syphilis, Fourier found in careful personal investigations, extending over a number of years, of the general hospitals of Paris from 15 per cent. to 23 per cent. cases of syphilitic origin. From these figures, taken in connection with the enormous number treated in the special hospitals, in dispensaries and in private practice, he estimates that one-seventh of the population of Paris is syphilitic. When we consider the cosmopolitan character of the population of New York, the large foreign colonies of Bohemians, Italians, Russian and Polish Jews, many of whom bring their social vices and sordid, communistic modes of living, it is quite possible that Fournier's figures, with some modification, may apply to this city as well as Paris.

The following statistics of five of the principal dispensaries in New York City give some idea of the proportion of venereal morbidity to general diseases.

The records of the out-patient departments of the followings hospitals for 1900 show:

The New York Hospital, total number	11,550
Number of venereal cases	1.054
The Vanderbilt Clinic, total number	
Number of venereal cases	2,985
New York Dispensary, total number of cases	
Number of venereal cases	3,895
The Good Samaritan Dispensary, total number	
Surgical and venereal cases	
(25 to 50% venereal.)	•
Bellevue Out-Patient Department	67,470
Venereal cases	7.820
Averaging all together nearly 10% of venereal case	es.

These figures by no means represent the actual number of cases of venereal disease, as a large proportion of the cases treated in the skin departments were syphilodermata.

Furthermore, venereal cases undoubtedly furnish a certain contingent of the classes in the eye, throat, gynecological and other departments.

While venereal diseases are rarely fatal in their immediate effects, yet in their remote consequences they contribute largely to the bills of mortality. Our mortaary statistics throw a misleading light upon the mortality from these diseases. The deaths from the sequelæ of gonorrhea are

rarely referred to their true etiological factor. The deaths from syphilis are conveniently grouped under affections of the viscera, diseases of the brain, cord, liver, etc., while the determining cause is chastely concealed.

#### GONORRHEA.

In the estimation of the laity the relations of gonorrhea to the public health would be regarded as of no more significance than a catarrhak inflammation of any other mucous membrane, and, less than a quarter of a century ago, this opinion would, perhaps, have been shared by many medical men. To-day we recognize it not only as the most widespread but also as one of the most serious of infective diseases; it has risen to the dignity of a public peril.

I will pass over briefly the common complications of gonorrhea, the affections of glandular structures, the acute chronic inflammations of the prostate and bladder, of the seminal ducts and vesicles, the cord, epididymis, testes, etc. latter affections are most important, as they may entirely destroy the fecundating capacity of the individual. The sequelæ of gonorrhea, stricture and ascending inflammations of the ureters and kidney causing pyelitis, etc., which not only seriously compromise the health but may endanger the life of the individual, need only be mentioned.

In the female, the local and general effects of gonorrhea are apt to be much more serious and permanent owing to the extent and character of the structures exposed. In addition to vaginitis and vulvitis, the virus may penetrate the uterine cavity with resulting endometritis, ascend the tubes, causing painful and suppurative swellings, with acute exacerbations not infrequently necessitating laparotomy. Most cases of salpingitis must be classed as gonorrheal. Sanger found that about oneeighth of all his gynecological cases were due to gonorrheal infection. As more permanent results may be mentioned chronic inflammation of the uterus and its adnexes, resulting in fixation of these organs, various disorders of menstruation, anemia, neurasthenia, etc. German authorities state that 80 per cent of all deaths from diseases of the uterus and its adnexes are of gonorrheal origin.

The virus spreading through the lymph

and vascular channels may cause generalized metastases. General septicemia and pyemia from foci of suppuration in the genito-urinary tract are by no means uncommon.

Many other grave manifestations of gonorrhea in both sexes might be referred to, such as its frequently destructive effect upon the sight from inoculation of the child at birth. Blennorrhea neonatorum contributes a large contingent to our blind asylums, estimated from 10 to 20 per cent.; 40 to 60 per cent. before the Crede Neisser thinks method was instituted. that of the 30,000 blind in Germany from this cause, a large proportion might have been saved by the employment of this The prominent prophylactic measure. rôle which the gonococcus plays in the etiology of joint-affections of a serious and intractable character should not be overlooked.

It is, however, the destructive effect of gonorrhea upon the procreative functions that I would especially emphasize as of interest in this connection. Neisser contends that gonorrhea is a more potent factor in the depopulation of countries than syphilis even. He regards gonorrheal infection of the male responsible for 30 per cent. of sterile marriages. Busch, Furbringer and others have demonstrated that 90 per cent. of all cases of azoospermia may be traced to antecedent inflammation of the epididymus and cord.

A percentage variously estimated at from 40 to 80 per cent of endo-, meso-, and perimetritis is of gonorrheal origin and a cause of sterility in women. Noeggerath found in 81 gonorrheal women, 49 entirely sterile. In 96 sterile marriages Kehrer found 30 per cent. due to azoospermia, 33 per cent. to perimetritic inflammatory changes, 8.3 per cent. to amenorrhea, 4.1 to vaginismus—all of gonorrheal origin.

#### SYPHILIS.

Syphilis, as we comprehend it to-day, has a much graver significance in its relation to the public health than was formerly supposed; not that the disease exhibits a severer type, but that its pathological domain has been greatly enlarged with our increased knowledge of the vast number, the complexity, and the far-reaching character of its morbid processes.

We now recognize that the infection of

syphilis is of a more profound and permanent character, that it may affect every constituent element of the body, and that these systemic complications are serious and often fatal.

Of the tertiary determinations syphilis of the brain and cord occupies the first rank in frequency as well as gravity. Fournier declares that the nervous system is the preferred victim of tertiarism. His personal statistics, extending over a period of 39 years, and embracing 4,000 cases of tertiary syphilis, show that next to the skin the brain and cord were the organs most frequently affected. The cutaneous accidents number 1,145, while affections of the brain number 758; of the spinal cord 1,098; giving a total of 1,857 cases in which the brain and cord were involved.

It is interesting to note that 354 of these cases of cerebral syphilis were followed up to a known termination; 77 were cured; 68 died, while the remaining 209 survived, but with various infirmities of a grave character and in every case irremediable.

Want of space forbids the mention of the almost innumerable manifestations of syphilis. Among them may be classed oculomotor paralyses, hemiplegia, paraplegia, epilepsy, chorea, multiple neuritis, progressive muscular atrophy, locomotor ataxia, general paralysis, etc.

We come now to consider certain irradiations of syphilis which constitute a grave social danger and which emphasize the importance of prophylaxis from a humane as well as a sanitary standpoint. I refer to syphilis insontium, or syphilis of the innocents. Unfortunately, the risks of this disease are by no means limited to the offender against morality, but are transmitted to innocent wives and helpless children by its introduction into the family.

The frequency of marital syphilis, the enormous extent to which it prevails, is not generally known or even suspected. Fournier's statistics embracing only those cases in which the origin of the infection could be positively traced, show that out of every 100 syphilitic women 19, or nearly 5 per cent., are conjugally contaminated

During the past year I have carefully investigated the origin of the infection in

every syphilitic woman who applied for treatment in my service at the New York Hospital. Fully 90 per cent were enrolled as married women. Excluding all cases in which there was a suspicion of irregularity, and including only those in which the statement of the woman that she lived with and was supported by her husband was borne out by every appearance of truth, fully 70 per cent. appeared to be cases of conjugal infection. This percentage is large, but it will be remembered that few public women come to this hospital for treatment.

The number of cases of syphilis insonitium is not to be measured by the number of victims of marital syphilis. Innocent inoculations occur in the daily occupations and intercourses of life. Infection of children and other members of the family take place in the thousand and one intimacies of family life, children infect their nurses and nurses contaminate children.

The irradiations of syphilis can be traced not only through the family, but through various industrial occupations and professional relations. Professional syphilis, that of physicians, surgeons, and accoucheurs, is vastly more common than generally supposed; more than 50 such cases have come under my personal observation. We hear little of them, as the victims have every motive to conceal the nature of their trouble.

The hereditary consequences of this disease will be only briefly referred to. Syphilis stands as the perfected type of an hereditary disease. No other disease is so susceptible of hereditary transmission, nor so pronounced in its effects, and fatal to the offspring. Statistics show that from 60 to 86 per cent. of all syphilitic pregnancies terminate in death in utero, or stillborn children. Of children born alive and viable, a large proportion of those who survive the first year suffer from a category of infirmities which can only be briefly recapitulated. Dystrophies and degenerations, cranial and nasal malformations, hydrocephalus, osseous lesions, various affections of the brain and cord, lesions of the organs of special sense, deafmutism, idiocy, etc. Rickets has its almost exclusive etiology in syphilis. predisposition to abortion may be manifest in the third generation. From the statistics of Pinard, Gibert, Tarnowsky.

and others, we find that of 81 pregnancies occurring in households in which one of the parents has inherited syphilis, therewere 28 abortions, 13 stillborn, 7 died soon after birth, while only 33 finally survived.

The social misery caused by venereal diseases cannot be overlooked; the separations, divorces, the breaking up of families, the dishonor of children, are deplorable consequences which can be too often traced to the introduction of these diseases into the family.

We have thus seen that there exists in our midst a large and important class of diseases which have the most intimate relations to the public health; they entail suffering, they destroy life, they are the fruitful source of a vast deal of social misery. In addition they have important socio-economic relations in their incapacitating effect upon the wage-earner, army and navy invalidism, and also in their undoubted influence as a factor in the depopulation of countries. No disease has such a devitalizing influence upon the procreative function as gonorrhea, no disease has such a murderous influence upon the offspring as syphilis, they literally poison the fountains of life.

In passing, one distinctive peculiarity of venereal diseases may be referred to. The germs of many infectious diseases cannot be guarded against, the recipient is a passive victim; infection is inevitable. The contagion of venereal diseases, exception being made of accidental inoculations, is always inevitable; it is effected by the voluntary act of individuals. The communication of venereal disease is therefore to a degree wilful.

We must admit that the sanitary control of venereal diseases is much more difficult than would at first appear; the problem is so complicated by the nature of the cause and the mode of contagion, so interwoven with questions of infringement of private rights, restrictions of individual liberty, and, finally, with questions of morality, that there appears no clear way in which the evil can be touched by the strong hand of repression.

Undoubtedly the chief obstacle to sanitary intervention in this country is the inhibitory influence of public sentiment against the legal recognition or license of prostitution.

Prostitution is the fons et origo—the

baleful source of the disease under consideration. While not directly concerned in the transmission of syphilis in the family, it is the fountain head to which all innocent inoculations may be tracel. Hence the suppression of prostitution and the prevention of venereal diseases are indissolubly linked.

But the suppression of prostitution is a Utopian idea. It has existed in all ages and under all conditions of civilization. The most severe and drastic measures carried out under the most despotic authority have failed to crush it. Almost every conceivable punishment, flogging, branding, shaving the head, banishment and death have been employed in vain. It cannot be annihilated by force. In the existing economic and moral conditions of society it is a necessary evil, not in the sense of being indispensable, but inevitable.

Now, the law takes cognizance of certain forms of prostitution. It has made the keeping of disorderly houses a crime; it has made open public provocation a misdemeanor. It can sentence the keeper of a brothel to the penitentiary, it can send the inmates to the workhouse; but the law has its limitations. There are certain forms of the evil which are intangible; the prostitute can solicit in the streets by signs, which, though subtle, are no less significant than the voiced invita-She can make whatever disposition she pleases of her body in her private apartments, and in this stronghold of individual liberty the law cannot touch her.

In this city the crusades against vice have been too often campaigns of force. From time to time a cry of alarm is raised against the public peril created by the appalling conditions of the social evil in certain localities. The strong arm of the law is invoked, the police are stimulated to do their duty, and the city is declared purified. Such a movement took place five or six years ago, but the ultimate result of the harsh and punitive measures employed was simply to disperse and scatter the evil, which was comparatively isolated in certain quarters.

Violent measures must always defeat the object in view, because they are of necessity intermittent and spasmodic. Violence is incompatible with the sustained and continuous effort required to combat this evil. The social reformer can accomplish more by measures for the amelioration of the social condition of women; by throwing stronger safeguards around minors, especially the orphans and unprotected; by establishing homes for the reception and reclaiming of fallen women, and by furnishing means and opportunities for the rehabilitation of those wishing to reform.

While the most stringent legislation can never accomplish social reforms, yet the arm of the law may be effectively invoked in preventing scandalous public provocation; in suppressing the affluents of vicethe wine-shops, low concert and dancehalls, and other disreputable resorts; in making the punishment for the seduction of minors more sweeping by raising the age of consent to 21 years, and by meting out the severest punishment against the purveyors of vice-men and women who make a trade of dealing in human flesh by enticing and selling into the slavery of prostitution innocent and unprotected young women.

#### REGULATION OF PROSTITUTION.

Recognizing prostitution not only as an ineradicable feature of our social order, but as a fruitful source of disease, what are the best methods of dealing with it from the standpoint of public hygiene? The system known as the "Regulation of Prostitution" has been tried in various countries of Europe. It is now in force in France, Belgium, Germany, Austro-Hungary, Russia, Spain and Portugal. It was introduced in England in 1860 and abandoned in 1881. In Norway it was tried from 1860 to 1888. In Switzerland it has been abolished in many communes, but still exists in Geneva. It was introduced in Italy in 1860, suppressed in 1888, and re-established in 1891.

In all these countries the system is essentially the same, with slight modifications. It has for its essential features the registration or inscription of all prostitutes that can be brought within the jurisdiction of the police, and the medical examination of these women at stated intervals. Any woman found suffering from venereal disease is sent to the hospital, where she is forcibly detained until the contagious accidents are cured. The object is to hygienize an insalubrious occupation by the retiring from circulation

of all sources of contagion. Men are not subjected to surveillance. The only plea for this discrimination is that the woman who sells her body for money is engaged in a commerce or traffic, and that the interests of public hygiene damand that what she offers for sale should not be tainted or contaminating to health. Besides, as the woman is the more active spreader of disease, she is the greater offender.

Women do not like to be registered as prostitutes; they do not willingly submit to medical examination; they have a horror of imprisonment in a hospital. The result is they abandon public houses and become clandestine prostitutes, so that the maisons de tolerance, in which vice is collective and centralized and can be most effectively supervised and controlled, are

in process of extinction.

To my mind one objection to this system is that it takes cognizance of only one factor in the spread of disease. It is a rank inequality of justice to subject the female offender to surveillance and allow the equally guilty male spreader of contagion to go free. Another objection is the inquisitorial character of this surveillance; moreover, when the police are armed with discretionary power, in the matter of arrests, they are apt to abuse this authority.

Whatever may be the value of the system of regulation, as employed in Continental Europe, it is safe to say that it cannot be utilized in this country. Public opinion, which often has a force quite irrespective of its merits, forbids its establishment in this country, on the ground that it is equivalent to a licensing of vice. The experiment has been tried but once in the United States. In 1872 the Missouri Legislature enacted a law for the regulation of prostitution, modeled on the Continental plan. The system was introduced in St. Louis, but was in operation scarcely over a year when the obnoxious law was swept from the statute-books by an avalanche of protests, principally from women and the clergy.

Again, regulation is impracticable in this city, because the conditions essential to its successful application and working are wanting. This sanitary scheme contemplates the hospitalization of diseased public women and their quarantine during a period more or less prolonged, certainly until their contagious accidents are cured. Now, incredible as it may appear, there are not hospital accommodations for one in 2,000 of the prostitutes in this city.

Such is the situation. Prostitution, the root of the evil, cannot be extirpated; it will continue to bring forth its crop of dangerous diseases; any proposition for their prevention, based upon the regulation of prostitution, is impracticable. Can nothing be done to restrict or limit their spread?

#### PROPHYLAXIS BY TREATMENT.

What has been termed prophylaxis by treatment appears to be the only practicable measure. Indeed, the basic principle of any system of regulation is to hospitalize and treat as many sources of contagion as possible. Its chief defect lies in the fact that the number of cases which can be subjected to treatment is limited. Admit that we owe no duty to the debauchees, but if society cannot protect the innocent from contamination, it owes them at least the recompense of free and skillful treatment. Moreover, morality should not qualify disease; medical science is sufficiently broad, charitable and humane to ignore such a petty qualification.

Free hospital treatment is but one of the agencies and by no means the most important for the suppression of sources of contagion. Its application is limited to a small number and for a brief period. The contagious activity of venereal diseases is manifest during a long period; that of syphilis for two or three years. The large proportion of syphilitics are ambulatory cases; they do not require hospital care; they are quite able to go about and attend to their duties and employment. What they require is the prolonged treatment which the well-to-do syphilitic can procure at the office of his physician.

These cases should be treated not only with reference to the individual risks of the patient, but with the cardinal consideration in view that every case is a focus for the spread of disease; and that measures of prophylaxis are quite as important as the cure of the disease. With the object of suppressing as promptly as possible all sources of contagion, the now obsolete practice of destructive cauterization of

venereal sores, and the excision of chancres, whenever practicable, should be revived. Mucous patches, which, with the chancre, constitute the almost exclusive sources of contagion, should be subjected to the same sterilizing medication. For years I have employed the acid nitrate of mercury for this purpose.

Conjoined with the enlarged and improved facilities for treatment there should be a campaign of education. same plan that is employed in many foreign clinics should be adopted here, viz., each syphilitic patient should be handed a printed slip, stating, in plain language, the nature of the disease, the modes of contagion, the risks of personal contact from erosions or mucous patches, the possible contamination of household articles, towels, spoons, drinking utensils, etc., the risks of hereditary transmission and also emphasize the necessity of thorough treatment.

Physicians should never sanction marriage until all possible danger of infection is passed. Too much care and circumspection cannot be employed in this re-Patients are too prone to take advantage of a guarded or qualified assent on the part of the physician, but they invariably throw upon him the responsibility for unfortunate results.

Physicians can do much in their professional capacity in instructing the young men of their clientele as to the dangers of licentious living. Too often the charge has been made against the profession that they recommend or sanction illicit indulgence as a means of health. On the contrary, the opinion of all medical men entitled to respect is that continence is not incompatible with health, and that harlotry is not a safe substitute for marriage.

This campaign of education should be extended to the high schools and colleges for young men. Unfortunately, this has always been a forbidden topic. There is no reason why young men should not be forewarned of the pitfalls and dangers which beset their pathway-dangers into which they often ignorantly and unconsciously rush. Whatever may be thought of the innocuity of "sowing wild oats," its consequences are most often disastrous to the health of the individual. They should also be taught that self-restraint, personal purity, and respect for women are among

the surest foundations of character. education, it seems to me, should enlist the interest and co-operation of the moral-For, after all, we must look to the education and training which will develop a higher order of morality in men as among the surest means of checking the evil.

Finally, the public should be educated to a recognition of the fact that the prostitute is largely the product of her environment. The vast majority of fallen women become so-not from choice or from innate depravity—but because of the hard and unjust social laws which force many of them into this life. Society should deal with them as unfortunates rather than criminals.

#### APPARENT PERIODICAL VOMITING WITH REPORT OF A CASE.

BY B. VAN SWERINGEN, M. D., OF FORT WAYNEL

Vomiting is a complicated muscular act under the control of the vomiting center in the medulla.

It is a symptom which is found in many different diseases. It occurs, of course, in affections of the stomach itself, as in acute and chronic gastritis, dilation and pyloric spasm, nor is it necessary for our purposes to describe further its occurrence in these diseases.

In meningitis of all varieties, cerebral tumors, abscess of the brain, embolism, thrombosis and traumatism apoplexy, vomiting is rarely absent as a symptom.

Some ocular affections develop it.

In some diseases of the ear, as labyrinthum vertigo it is present.

Lesions of the cord as myeilitis, multiple sclerosis, posterior sclerosis present it as a symptom.

Nasal and pharyngeal tumors may cause Laryngeal tuberculosis may occasion

Pulmonary tuberculosis and other pulmonary troubles cause it.

Disease of the intestines, enteritis, colitis, appendicitis, ulcer, obstruction, constipation, neoplasms, parasites and peritonitis are all productive of the symptom under consideration.

Various affections of the liver, cholelithiasis and cirrhosis and obstructive lesions of the heart are accompanied by vom-

iting.

Vomiting occurs also as a result of various toxemias, as uremia and auto-intoxication from other sources. We are also all familiar with tobacco, chloroform, ether, anemia, fainting, injuries and the like.

Pregnancy and other affections of the female generative organs need only to be

mentioned as causes.

Vomiting also occurs in hysteria and results from other psychic causes. And when no other cause for a given vomiting can be discovered, it is labeled periodical vom-

iting.

Periodical vomiting is said to occur at any time, irrespective of meals or sleep. It comes on abruptly after a rather constant interval of freedom, and during its continuance the stomach refuses everything, even water or the blandest foods. The abdomen is often retracted and the abdominal viscera completely empty before the attack subsides.

The length of the attack varies from a few hours to several days, and the end comes as suddenly and unexpectedly as the beginning. When the attacks follow each other at short intervals, the patient becomes emaciated and death may supervene from asthenia.

It is absolutely inconceivable that such a disease should have no cause, and the closer instances of periodical vomiting are studied the fewer of them we find which cannot be placed in other categories.

The following case would have been so classified had not the urine been persistently searched for evidence of a kidney lesion sufficient to account for the symptoms:

Mr. W. E-, age 34, unmarried, far-Father dead of cholera morbus; mother dead of rheumatism. Lost one sister from typhoid fever. One sister yet living, afflicted with chronic rheumatism.

Patient enjoyed tolerably good health until 1877, when had a severe attack of typhoid. In 1878 and 1879 suffered from ague, and in the latter part of 1879 had lung fever. An attack of hemorrhoids lasted nearly all of 1889. In 1892 contracted a chancre which is described as being a lump about the size of a wheat grain. No kernels or lumps appeared in the groin. One month after lump appeared on penis had a sore mouth. The hair never fell out. A slight eruption showed itself on the body a few weeks after the chancre

appeared.

Three years ago began to have vomiting They occurred just after meals spells. etc., as causes, and the influences of fright, and seemed to be due to what was eaten. Preceding the attack about 24 hours, there is usually considerably belching and the saliva becomes profuse in amount. attacks occur irregularly. They last a variable length of time. The vomitus consists of the contents of the stomach, then mucous, and on several occasions altered blood has appeared, described as "coffeeground vomit." Following this the stools, at least on one occasion, were dark and tarry.

> Before the vomiting spells appear, too, the urine becomes scant and full of a cloudy sediment. He has noticed that as long as he passes plenty of urine he is free from the attacks. He sometimes has chills before or during the spells. He says he never had any severe abdominal or lumbar pain nor passed any bloody urine.

> Body emaciated. Examination of the chest shows the lungs normal. The heart is beating 114 times per minute. beat normally located. Second sound somewhat accentuated at apex. Cardiac dullness not perceptibly increased. murmur.

> Liver dullness not increased. Abdominal palpation negative. No ascites or hemorrhoids at present, nor icterus.

> Stomach tympany ends 2 inches above umbilicus and is not markedly increased. stomach is entirely Fasting empty. Ewalds test breakfast withdrawn at the end of an hour shows the presence of hydrochloric acid. The other tests were also about normal.

> The knee jerks are not diminished; there is no reflex iridoplegia; Romberg's symptom is absent and there is no anesthesia.

> Examination of the blood shows nothing of interest save a degree of anemia, such as would be expected, with moderate reduction of the hæmaglobin.

> The urine failed to show albumen by Heller's test on several different occasions. Following an attack of vomiting, 52 ounces were passed in 24 hours. A portion of this 24-hour specimen failed to show albumen by the ordinary chemical tests, but showed pus and blood in the centrifu

gal sediment. No casts were found until at least fifteen different specimens had been examined, extending over a month in time. The casts were few in number and of the finely granular variety.

This case presents many interesting questions, and it was difficult to arrive at a diagnosis, because the early examina-

tions of the urine were negative.

Even after the pus was found, we were in a quandary. Cystitis being excluded by the absence of pain, and frequent micturition, the acid urine, the absence of strangury, etc., the only origin for the pus was the pelvis or the kidney. The absence of all history of colic and gravel threw doubt upon the presence of stone.

Then again the attacks of vomiting appearing to depend so little upon what was eaten and lasting so long after such cause should have been removed, suggested a gastric crisis, but tabes dorsalis was excluded, notwithstanding the luctic history, by the absence of the eye-signs, the absence of the girdle-sensation, bowel and bladder symptoms and anæsthetic areas and the presence unimpaired of the kneejerk.

The presence of free hydrochloric acid in the stomach-contents and the absence of tumor in the pyloric or epigastric region, eliminated carcinoma of the stomach in spite of the "coffee-ground vomit." The absence of any organic disease of the stomach itself was also demonstrated by the usual examination of the stomach contents.

Disease of the eye, ear, nose or throat was excluded, as was also intestinal disease.

Cerebral or meningeal gumma or other tumor of the brain was eliminated by the absence of the signs of brain tumor.

The examination of the lungs was negative. Abdominal palpation was also negative.

After pus was found in the urine the patient stated upon closer questioning that his urine had the same kind of "settlings" in it when he first began to vomit, three years ago, and that it was then more abundant. Also that the amount of urine passed some days was very much greater than others, and that just prior to and during the attack of vomiting it was very

much decreased in amount and thick. When the amount passed was large it was often clear as spring-water.

The discovery of the casts seemed to warrant the diagnosis of chronic pyelonephritis, although there was no history of gonorrhœa or cystitis or kidney colic, and the origin of the pyelitis is therefore unexplained.

A urea estimation made from a specimen obtained during an attack gave a very fair percentage, but, of course, if the total quantity passed was much reduced (and such was the case), the total quantity of urea excreated by the urine would be correspondingly reduced and the patient probably suffer from its accumulation in the system.

It is held by some that the vomiting of uremia is an eliminative measure brought about by irritation of the gastric nerve terminals by the urea in the circulation and not due to the primary irritation of the vomiting center in the medulla.

Inasmuch as there is but little nausea in this case, it would seem to support the former contention.

The question of the propriety of operative interference was one to which I gave considerable thought, for even in the absence of any attack of abdominal pain the pyelitis might still be due to calculus, which might be cured by operation. On the other hand, the fact that what little lumbar distress he did have was bilateral, that if but one kidney was involved (which would probably be the case in stone), the urine would not be reduced to so small a quantity and his bad physical condition determined me to discountenance even exploratory operation.

The kidney structure, too, was undoubtedly diseased, but just to what extent was not at all plain.

A long standing interstitial nephritis ought certainly to have produced more cardiac hypertrophy, and yet, how else could be explained his hemorrhages into the gastro-intestinal tract. It could not have followed the strain of vomiting in this case. And upon what other theory explain the large quantities of clear, limpid urine and the broad granular casts only occasionally present.

#### MISCELLANY.

#### The Drink Habit.

Drink can't be abolished. It is not nearly so certain as the Prohibitionists believe that the earth would be a better place without it. There are other sins and follies besides intemperance, and the Mohammedan countries are not all paradises. The men fit to take care of themselves (a majority, let us hope) can be trusted to drink no more than is good for them. The problem is to bring the rest of us up to the same plane; to keep rum as far as possible out of the unfit; to protect the young; to restrict the power of those whose financial interest lies in the diffusion of intoxicants; to strengthen character; to increase knowledge; to teach persons who drink what they are about, and what sort of an agent they are dealing The din that the Prohibitionists and the temperance unions raise about seloons and drinking may not be all in vain, even though it seems based on some misapprehensions, for noise affects some minds that reason fails to reach. far as it lessens drinking, even its critics will rejoice in it, provided it does not create worse evils in so doing. But no movement that is not based on truth and hard sense can have more than a limited success in this country, and there is no existing apparatus in this country, and no prospect of any, by which the personal liberty of Americans can be restricted beyond a certain point, even for their good. Mrs. Nation's agitation will flutter out presently, of course, though it may kill prohibition in Kansas. The great enemy of rum in America is not Mrs. Nation nor any of her kind. It is knowledge. If we are more temperate now than the people of some other countries, it is because we know more and have more sense, and because the rewards of efficiency and thrift are greater here than in other countries, and because the inseparable condition of efficiency and thrift is self-control.— Harper's Weekly.

#### Number of Physicians in the United States.

The United States Commissioner of Education, in his last report, states that in 1898-99 there were 23,778 medical students enrolled in the 151 medical schools

of the country, of whom 1,802 were homepathic.

In the annexed table the number of medical students may be readily compared with the number of students in other professional schools, and the number of schools provided for each class of students is also shown:

		Students.
Theological	163	8,261
Law		11,874
Medical	. 151	23,778
Dental	. 50	7,354
Pharmaceutical	. 51	3,551
Veterinary	. 13	316
Nurse-training	. 393	10,018

It will be seen that students of medicine are more numerous than those of any other profession, being three times as numerous as those of theology or twice as numerous as those of law.

For ten years, from 1889-99, the per cent. of increase in numbers of the students of the various professions is shown in the annexed table:

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Theology	 															1	8
Pharmacy																	
Medicine .	 														. 1	l3	0
Law																	
Dentistry			 						. :	30	1						

The rate of increase of the general population of the country during the last decade may be reckoned at about 20 per cent. So it will be seen that while the rate of increase of theological students was about the same as that of the general population, the rate of increase of regular medical students was nearly four times, that of law students ten times, and of dental students fifteen times the rate of increase of the general population.

While the percentage of increase of medical students is much larger than it should be, that of students of law and dentistry is simply startling.

The 129 medical schools of 1880 had in 1899 increased to 151. Happily, in all but 15 of the schools a four-year course was maintained in 1899; and several of these schools were preparing to enter the four-year course.

Although there has been a very general and very great increase in the requirements of medical schools, the overcrowding of the profession goes on. Indeed, the figures above given eloquently tell of excessive growth of the numbers of students

of all professions, except that of theology. What is the explanation? Is it to be found in the large increase in material prosperity all through the land with the increasing desire and ability of ambitious parents to make professional men of their sons?—Pennsylvania Medical Journal.

#### Therapeutic Notes.

Mercurol has its advocates as an adjuvant in the treatment of cystitis and urethritis as well as in the natural field of mercurials, the treatment of lues. Dr. Alexander, of Hot Springs, cites the case of a man with both these inflammations, who was apparently cured by the one per cent. solution in the bladder and the two per cent. solution in the urethra. The antiseptic properties of the mercurials, particularly the bichloride solution, originally advocated by Brewer, have long been known and doubtless the other forms, such as mercurol, have curative properties.

#### Surgical Hints.

Never give purgatives to children who have swallowed foreign bodies, for the reason that it is better that these should travel in company with facal masses than by themselves.

Small boys brought to the surgeon with a very swollen penis nearly always have buried deep in a sulcus, and often invisible excepting by strict search, a ligature of some sort or a ring which must be removed.

In bad cases of burns or other severe and painful injuries it is advantageous to give chloroform for the first dressing, or, at least, to give a hypodermic injection of morphia. This diminishes the pain and fear, and consequently lessens the shock.

The parents of children with hypertrophied tonsils often object to operation because they think the latter may interfere with the child's voice. This fear is groundless. Explain to the parents that the voice will suffer more from the child's continued bad health than from anything else.

In children with prolapse of the rectum it will often be enough to prescribe the daily use of laxatives; to see that the bowels are only moved while the patient is lying down over a bed-pan, and to strap the buttocks tightly together during the intervals between defecations with a wide strap of adhesive plaster.

It is seldom wise to consent to the parents being present when an operation has to be performed on a child. Children are bound to be terrified when first given an anesthetic, and their cries for help and appeals to their parents are often more than the latter can stand. More than one surgeon has been compelled to defer or even abandon an operation for this reason.—International Journal of Surgery.

# Decision in Favor of Wisconsin Christian Scientists.

MILWAUKEE, April 15.—Judge Eugene S. Elliott, in the Circuit Court, to-day decided that Christian Scientists are not liable to prosecution under the State medical law. The court ruled that the scientists can no more be held for practicing medicine when their means for healing is by prayer than can a minister who prays at the bedside of the sick and receives therefor a fee, either directly or indirectly. The case was that of the State against Crecentia Arries and Emma Nichols, Christian Scientists, who treated a child named Grosenback, afflicted with diphtheria and who died from the disease.

#### Biology Run Mad.

EMPORIA, KAN., April 18.—Dr. Oscar Christman, who failed of reëlection as professor by the regents of the Kansas State Normal School, it is said, because of a lecture he delivered at Des Moines, Ia., last year, to-day made the following statement concerning the matter:

"I have nothing to retract. I said what I said as a scientist. I believe that nothing of purity is gained by either girls or boys by prurient modesty. I believe that certain facts become dangerous only by consciously and immodestly ignoring them. I have discovered a great scientific and religious truth, I think, about the tenderness and feminity of Christ. character the feminine predominates. I have proved the story of immaculate conception by showing the fact that Christ's character was such that He could have had no father. I spoke these things in the Normal Chapel and in the class-room because I believe the Normal students are young men and young women who are cognizant of life and are not too prudish to hear any fact of life scientifically and reverently discussed. This did not please President Taylor. He takes the other view. He grants me honesty of opinion; I grant him the same thing."

We have seen nothing to equal this since that reverend blatherskite, Joseph Cook, in his Boston Monday lectures, some twenty years or more ago, suggested that the traditional immaculate conception could possibly be explained by a consideration of the parthenogenesis which takes place in the bee hive. These speculators remind one of a boy running through the deep, dark woods and whistling to keep his courage up.

#### Young and Old.

When all the world is young, lad,
When all the trees are green;
And every goose a swan, lad,
And every lass a queen;
Then hey for boot and horse, lad,
And around the world away,
Young blood must have its course, lad,
And every dog his day.

When all the world is old, lad,
And all the trees are brown;
And all the sport is stale lad,
And all the wheels run down;
Creep home and take your place there,
The spent and maimed among;
God grant you find one face there
You loved when all was young.
—Charles Kingsley.

#### Plague at Ann Arbor.

ANN ARBOR, Mich., April 15.—Dr. Victor C. Vaughan, dean of the Medical Department of the University of Michigan, before the State Board of Health, has practically acknowledged that the case of student Charles B. Hare is one of bubonic plague. He will recover. Dr. Novy, who attends Hare, wears a germ-proof rubber garment that covers him from head to foot, with two little eye holes for sight whenever he goes into the contagious ward, and he injects preventive doses of serum into himself. Hare contracted the disease by an accident almost identical with that which occurred in Vienna in Nothnajle his 1898. Professor and were conducting assistant, Marisch, bacteriological experiments on bubonic

plague bacilli. Marisch caught the disease and died, as did Dr. Muller, who attended him.

ANN ARBOR, MICH., April 17.—Dr. Dock and Dr. Arneil, who have been injected with the bubonic plague serum as a preventive for the disease, in view of their supervision of student Hare's case, are sick in bed, although nothing is more serious than an aggravated condition resulting from vaccination.

#### The Selection of Anesthetics for Children.

The generally accepted idea that chloroform is the safest of anesthetics for use in childhood is refuted by T. H. Halsted (Philadelphia Medical Journal, Novem-He regards chloroform more ber 3d). dangerous in infancy than at any other period of life, and quotes Wyeth, who says that while he uses chloroform in almost all cases in adults, that he invariably uses ether with children. Chloroform is especially to be avoided when there is any glandular enlargement, for Kolisko has pointed out that in those cases of death during anesthesia, in which heart and kidney lesions were not found, a condition of "habitus lymphaticus" was invariably found. This condition is often noted in children, in whom aberration of the lymphatic system is common.—Chicago Clinic.

#### More Newspaper Medicine.

In a New York daily paper, of date March 7th, appears a ludicrously inaccurate account of an operation of gastroenterostomy, recently performed in this city, which is described as the "removing the patient's stomach, cutting away the pyloris (sic) and several malignant growths in its vicinity, and restoring the stomach to its former place," etc. Incidentally we are informed that Murphy's button is "so called from having been invented to suit" the case of Colonel Michael C. Murphy, Commissioner of Police of this city. Chicago tries, we know, to get ahead of New York at all times, but we must protest against such an unfair method of retaliation as the "conveyance" of the credit of the Murphy button from the distinguished Chicago surgeon to ashall we say equally distinguished?-New York patient.—Journal American Medical Association.

#### In Lighter Vein.

I know a maiden fair of face, Of comely form and winsome grace, I fain would at her bower be seen If 'twere not for the Quarantine.

It stopped my courting on the spot, Spoiled other cases like as not; Her bright career on golfing green Was rudely killed by Quarantine.

But Quarantine, fair Quarantine,
With all your sins you're sweet, I ween;
Philosophy I do not know.
So luck is mine with all my woe
For the Professor, stern and keen,
Is also home in Quarantine.

—Ballads of Irvington.

In the *Indianpolis News* at the time, May, 1900, when several of the students and professors of Butler College were

quarantined.

#### LOCATED.

An agent of the company sent this to the medical department:

"Through Holy Land a valiant knight did fare, He had a colic—tell me when and where?"

The medical department replied:
"Half mad with pain, cold chilled with dire affright.
The hour and place—the middle of the knight."

-Insurance Statement.

#### THE GASOLINE HAZARD.

Our Mariar Jane is Missin',
Skipped into the Silent Hence;
Lit the kitchen fire with naphtha—
An' she hasn't benzine sence!
—C. A. Bates, in Current Advertising.

#### EXTRAORDINARY FECUNDITY.

One of the Italian journals has recently recorded an extraordinary case of fecundity of which it guarantees the authenticity. Flavia Granata, who it appears is well known at Rome, has recently given birth to her sixty-second child. This woman is now fifty-nine years old. She was married at twenty-eight years of age, and has successively given birth to a daughter, then six sons, then five sons, then four daughters, and then a long series of twins annually, and ended recently by having four sons. It is much to be regretted that this interesting women did not marry earlier, as she thus lost ten

precious years of her life, and so missed the distinction she might have enjoyed of being the mother of a hundred children.—
The Medical Age.

#### WHEN PAPA'S SICK.

When papa's sick ma has to stand Right 'side the bed and hold his hand; While Sis, she has to fan and fan, For, he says, he's a "dyin' man," And wants the children round him, to Be there when "suffering pa gets through.' He says he wants to say good-bye And kiss us all, then he'll die; "Then moans, and says his breathin's thick"—It's awful sad when papa's sick.

When papa's sick he acts that way
Until he hears the doctor say:
"You've only got a cold, you know;
You'll be all right in a day or so."
And then—well, say, you ought to see—
He's different as he can be,
And growls and swears from noon to night
Just 'cause his dinner ain't cooked right;
And all he does is fuss and kick—
We're all used up when papa's sick.
—Atlanta Journal-Record of Medicine.

#### THOUGHTS ON MARRIAGE.

A little girl in Ireland was asked what was the sacrament of matrimony. She said: "It's a state of torment in which souls enter to prepare them for another and a better world." "That," said the curate, "is purgatory; put her down to the bottom of the class." "Leave her alone," said the parish priest; "for anything you or I know to the contrary, she may be perfectly right."

"Courting," said an Irishman, "is like dying. Sure, a man must do it for himself."—E. J. Hardy's "Concerning Mar-

riage."

USE TEDDINE FOR THAT PEACE-FUL FEELING—IT MAKES MODEST MEN STRENUOUS.

SOLD BY ALL DRUGGISTS.

The JOURNAL rarely notes untried and unapproved products in its serious columns, and much more rarely in the sacred precincts of "Lighter Vein." But this from the April *Philistine* may prove of value to those who have lost their youthful power of initiative, but would still attempt the "strenuous life."

# MEDICAL OURNAL.

ALEMBERT W. BRAYTON, M. D., Editor.
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GEORGE J. COOK, M. D., General Manager.

Subscription, - One Dollar a Year in Advance.

The members of the profession of this State, whether subscribers or not, are especially invited to send their contributions to this journal.

To insure prompt publication contributions must be mailed by the 15th of each month, and should not ordinarily exceed 1,500 words.

Short practical articles, reports of society meetings, and medical news solicited.

The editor is not responsible for the opinions of contributors.

The journal is mailed on the first of each month. Subscribers who fail to receive their journal should promptly notify the publishers.

All letters and communications relating to the scientific and literary departments of the journal, and all books for review, should be addressed to the editor.

All communications pertaining to the business interests of the journal, or remittances for either subscriptions or advertisements, should be sent to the General Manager, Willoughby Building, Indianapolis.

#### Doctors and Newspapers.

There's no use in doctors cursing newspapers; they are all in all the best friends of the medical profession. Without their aid the reforms physicians initiate would die in seclusion. Newspaper editors, reporters and writers are usually anxious to serve physicians and health officers. Never fight a newspaper. Go and see the editor and explain. State your case and you are sure of respectful hearing.

Is there some "Jo. Bee Clack, M. D.," in the community writing anti-vaccination screeds? Let him have his fling, for the papers soon tire of him and he is no doubt tired of himself.

Is there an editorial writer putting in little paragraphs against your humane and philanthropic health and medical bills? Do not pass society resolutions; just go and explain kindly to the editor and business manager that the petty paragrapher is hurting public polity and hurting the paper. There will be no more paragraphs.

Is there an editorial like that in the Indianapolis Press of April 5, on "Legalizing Medical Practice?" Here is the lit-

tle editorial referred to, and for misconception, ignorance and concentrated falsehood, its like never appeared in an Indianapolis daily newspaper before, and this the present writer knows, because his eye has scarcely missed the editorial pages of our city papers a dozen times in twenty years. There are three paragraphs of the editorial:

It is not in Indiana alone that the medical fraternity has been endeavoring, through legislative enactment, to prevent Christian Scientists from practicing the "faith cure." Bills for a similar purpose are pending in half a dozen State Legislatures, made to establish a standard of medical education and professional ethics somewhat like that enacted into law in Indiana when the State Board of Medical Examination was established. It is a compara-tively new thing for physicians of "regular" schools to seek protection from competitors of different methods through legislation. Heretofore they have done it through medical societies and personal and social influences, but now they are very generally appealing to the law-making power. They have quit raising objection to proprietary medicines, just as workmen have quit objecting to machinery, but they do not cease to wonder "why the people will be fooled by quackery and flock to the doctors that advertise."

There is a vast amount of ignorance of medical science and medical terms among the people, and this very naturally gives rise to a vast amount of humbuggery among healers. Is the "regular" profession free from it? Does the average physician tell his patient just what is the matter with him or explain what he is giving him to relieve the condition? Does he frankly tell him, when there is nothing the matter but an imaginary ill? Does he tell him how much he is sure about, and how much is purely speculative and experimental in his treatment? Does he write his prescriptions in plain English or in Latin? When he fixes up a prescription for a nose-wash of plain tablesalt, distilled water and harmless coloring matter, for which the patient pays him \$2, and gives the druggist another dollar, does he tell the patient what it is, or does he humbug him with a lot of signs and Latin phrases?

When patients understand these things—and they usually find them out sooner or later—is it much wonder that they flock to the men that declare they can cure them for a reasonable fee? The average man does not care much whether the man that either cures or fools him belongs to a medical society or not. No successful patent medicine concern deals in medicines that do not have some value in alleviating the ills they claim to cure. And by the same token the various institutes and sanatoriums that claim to cure certain ills must either help their patients or fail very quickly. When the medical profession remodels its ethics so as to honestly take the public into its confidence,

then would seem to be time enough for it to ask the public to prevent by law all others from attending the sick. Besides this, has not an individual the right to employ the sort of doctor he sees fit to?

The medical laws objected to in the first paragraph have been sanctioned by the Supreme Court of the United States, which knows nothing of "regular or irregular," but only takes cognizance of medicine as a science. And the laws only secure educated physicians to the people, and are in no sense class legislation.

Paragraph two sings the old song as to Latin prescriptions and ten cents worth of medicine for a dollar. You can get a pound of arsenic for ten cents, which will make 100,000 Asiatic pills, but is that any reason for putting up and selling the prescription for a penny? Two dollars is cheap enough for an office treatment for catarrh and its allies; most cases pay but

fifty cents or a dollar.

Paragraph three defends the patent medicine men who advertise their wares to the people through the papers and magazines. And many think that just here is the milk in the cocoanut. But we think These ads would go to the newspapers even if they ridiculed them in the editorials. And the more patent medicine is used the more work for creditable prac-Nor, in conclusion, may one titioners. employ the "doctor" he desires. He may for himself, but not for children or wards. And in the great armies of the world the patient is pretty sure of a "regular" physician, although a noted Indiana sectarian wrote the Daily Jouradvocating that each Indiana regiment have a doctor from "school," so that the sick recruit might select his own doctor. But that will never be; the army and the great life insurance companies want only educated physicians, and are not seeking for them in sectarian

But to return to our muttons: The editorial above does not express the spirit or purpose of the *Indianapolis Press*. Great Homer sometimes nods. The editor may go a-fiishing, or be at home with the influenza under the care of his "regular" physician. And so the nasty little dig slips in as an "editorial," when it should have been followed by three stars

and given place in the "fool column" (as was the custom years ago in the New York Times).

A great newspaper like any of those in Indianapolis is an enormous engine—a power for good in all things. They not only reflect but they create public opinion, and they make for righteousness. "We take our friends," said Gen. Harrison, "on the average." And in judging of the work of the pulpit, the schoolteacher, the editor, or of our dearest friends, we must look to the general intent and purpose and effort of their work and their lives. Indianapolis has been doubly blessed in the editors and proprietors of its daily papers. They have always upheld scientific medicine and have been the most powerful allies of the physician in his fight against filth, disease and physical deterioration.

#### Medical Legislation in Indiana—Effect of the New Amendments—Recognition of Osteopathy—Comments of Dr. W. N. Wishard.

The law recently passed by the Indiana Legislature amends the laws passed in 1897 and in 1899. The first section provides for larger powers on the part of the State Board of Medical Registration and Examination in revoking licenses that have been obtained by misrepresentation or fraud, and gives the board more direct power in enforcement of the law through the prosecuting attorneys of the various counties. It also provides that all persons applying for license shall submit to a written examination as to their qualifications to practice medicine, and in order to be eligible for examination, it is required that all applicants hereafter shall be graduates of medical colleges that maintain the standard prescribed by the board. Heretofore, the board under the advice of the Attorney-General has permitted all applicants to submit to a State examination, who were not graduates of medical colleges, as the old law was not sufficiently specific upon this point. standard for medical colleges adopted by the board is that fixed by the American Medical College Association. An exception is made in favor of those who

have matriculated in reputable medical colleges within the State of Indiana prior to January 1, 1901, and whose applications shall be filed prior to January 1, 1905. The board is authorized to grant new applicants temporary permits which authorize them to practice medicine until the next regular meeting of the board, at which time applications can be finally decided upon.

Section 2 of the law provides for the printing of 3,000 copies of the annual report of the board in the same manner as the reports of the State Board of Health

are printed.

Section 3 defines the practice of medicine, and this section is the one which met with the most bitter opposition on the part of the Christian Scientists and others opposed to the bill. The courts can certainly not make an error in determining what constitutes the practice of medicine if they read this section. It is of such importance that we give it verbatim: "To open an office for such purpose or to announce to the public in any way, a readiness to practice medicine in any county of the State, or to prescribe for, or to give surgical assistance to, or to heal, cure or relieve, or to attempt to heal, cure or relieve those suffering from injury or deformity, or disease of mind or body, or to advertise, or to announce to the public in any manner a readiness or ability to heal, cure or relieve those who may be suffering from injury or deformity, or disease of mind or body, shall be to engage in the practice of medicine within the meaning of this act: Provided, That nothing in this act shall be construed to apply to or limit in any manner the manufacture, advertisement or sale of proprietary medicines. It shall also be regarded as practicing medicine within the meaning of this act, if any one shall use in connection with his or her name the words or "Dr," "Doctor," "Professor," "M. D.," or "Healer," or any other title, word, letter or designation intending to imply or designate him or her as a practitioner of medicine or surgery in any of its branches: Provided, That this act shall not be construed to apply to non-itinerant opticians who are at this time engaged in, or who may hereafter engage in the practice of optimetry in this State, nor to professional or other nurses. In charging

any person in an affidavit, information or indictment with a violation of this law by practicing medicine, surgery or obstetrics without license, it shall be sufficient to charge that he did, upon a certain day and in a certain county, engage in the practice of medicine, he not having any license to so do, without averring any further or more particular facts concerning the same." The amendments to the different sections which were added by the Legislature are given in italics.

Section 4 was introduced and passed in the senate as an amendment to the bill, and it was further amended in the house. It relates to osteopaths, and while it permits osteopaths now practicing in this State with diplomas from any osteopath college, to obtain a license, it provides such careful restrictions for those who apply hereafter, that it is difficult to see how any friend of advanced medical legislation can object to this section, as far as it relates to future applicants. It reads as follows: "The said board may grant certificates which shall authorize the proper clerk to issue to the holder thereof a license to practice osteopathy only. Such certificate shall be issued on the same terms and conditions as others, except that the applicant therefor shall not be required to pass an examination in materia medica, nor shall the college from which he presents a diploma be required to conform to the standard fixed by said board as to instructions in materia medica, but such college shall so conform in all other branches of instruction. Such license shall not authorize the holder thereof to administer or prescribe or use on one other than himself any drugs or medicines, and any such administration, prescription or use of any drug or medicine by the person holding such limited license shall be practicing medicine without a license, and such person shall be punished therefor as others are punished for practicing medicine without a license. Provided, further, that any person now holding a diploma issued from any college of osteopathy in the United States and is a resident of the State of Indiana, shall be granted a certificate and license to practice osteopathy upon presenting his diploma to said board and clerk and paying the fee required by this act."

The bill has an emergency clause and

became a law at half-past ten o'clock on the closing evening of the legislature, when the Governor filed it with the Secretary of State and notified the Senate that he allowed it to become a law without

signing it.

Indiana now has a medical law which places it on a level with other States, having examination laws. The status of mediical colleges is more clearly defined in that no one is eligible to examination who is not a graduate of a first-class medical college. All who secure licenses must hereafter pass a state examination with the temporary exception above noted and the board can more easily revoke licenses obtained by fraud. While 150 to 200 osteopaths now in the State are given licenses on their diplomas, it is provided that all osteopaths who apply hereafter must be graduates of schools maintaining the same standard in every particular as medical colleges and must pass an examination in everything that others are examined in except materia medica.

### The Osteopaths and the Indiana Legislature —Personal Views of the Editor.

Elsewhere in this issue Dr. W. N. Wishard has summarized the change in the Indiana Medical Practice Act, emphasizing the value of the new definitions of the terms doctor and practice, and the compulsory examination section. We are pleased to present Dr. Wishard's construction of the new law. He has been active in committee work, and his large knowledge of men and measures and his universally recognized courage and conscientiousness bore fruit when the final votes were cast. No one knows better than Dr. Wishard that legislation is only secured by amendment and compromise, and it is quite likely the medical bill would have been defeated if concessions to the osteopaths had not been made. But the question is still to be settled whether it was better to have the bill defeated or recognize the osteopaths. It was bad enough to recognize sectarianism in the law of '97, but without such recognition, probably no law could have been passed. At least such has been the experience of nearly every State in the Union. But there is a wide difference between sects agreeing in the fundamentals of medical education and practice and a band of organized

fanatics, plunderers and ignoramuses such as the osteopaths.' Thirty of them were enabled to hold up the Wisconsin Legislature and defeat the medical bill in the last session. Between 100 and 200 osteopaths located in Indiana have held up our State Legislature and by compromise were permitted to practice on any osteopathic diploma they might possess without examination. Others hereafter must be examined on all branches except medicine and therapeutics. And so a privilige is given to a class of 100 or more fanatics against the five or six thousand physicians of the State.

There is absolutely no justice in such a conclusion, as every osteopath could secure a license by simply complying with the law as it stands.

The Indiana medical law does not recognize any particular school or college, but simply requires an examination before the regularly constituted board. The law fully protects all applicants from an unjust examination. It is against public polity to lower the standard of medical education, which is now four years of study, and allow 150 or 200 men equal privileges after only one-half of that period. The bills the osteopaths have introduced have uniformly declared that osteopathy is not the practice of medicine and surgery as generally understood and construed by every court, from the justices' courts to the Supreme Courts, both State and National, and yet in all their college announcements it is stated that "osteopathy is a complete and theoretically perfect system of medicine." By this law the osteopaths now in Indiana have been granted a short cut to practice. Their victory is the legal result of legislation which recognizes medical sectarianism. Medicine is not philosophy or theology. Medicine is a biological science founded on the primary concepts of animal structure, function and development. Schools are as impossible in the definition of medicine as they are in chemistry or physics. Michigan, by admitting a school of homeopathy in her State University, paved the way for every other form of medical phantasy, heresy and aberrancy. There is as much license for a school of alchemy or astrology added to the schools of chemistry and astronomy, as there is for a college of homeopathy added to the Department of Medicine in the University of Michigan. The State should by the same reasoning establish schools of electicism, physio-medicalism, osteopathy, Christian science, spiritualism, or any other prevalent form of occultism which has to do with the varying concepts of body and

mind and their relationships.

It is more than probable that the next Indiana Legislature will be besieged by Their admisthe Christian Scientists. sion to practice medicine in Indiana upon the certificates of having passed an examination in Mother Eddy's book would not be a whit less rational than the sanction by our law solons of the vagaries of Still

and his disciples.

The fact is that our recent Legislature had no conception of what osteopathy really is. It would have been far better in our judgment to have made no amendments to the medical law than to have recognized the osteopaths on any basis whatever. Being now recognized like the other sects—the homeos, eclectics and physiomeds—as a class of medical hermaphrodites, something more or something less than scientific physicians, the osteopaths may now proceed to demand representation on the State Board of Examination and Registration. Who but an osteopath can pass rationally and fairly on an osteopathic diploma?

For it is as much as the present sectarians on the board can do to define their own status. The homeopaths are torn by dissensions, schools within schools, and their best students get out of the toils if they can, as soon as they attempt to put their principles into practice. Such has been the history of the Cleveland group of homeos; they have tumbled over each other in order to get into scientific medicine, and so be in touch with the army, the great insurance companies and all organizations needing physicians and surgeons instead of sectarians. Who cares a penny about their potencies, their law of similars, or their itch-begotten diseases? Certainly not the homeos themselves, for they use the books, methods and discoveries of scientific medicine as freely as the great masters. And as to the eclectics, their representative on the Indiana State Board, a very estimable gentleman and executive officer, reads papers before the Homeopathic State Society in Indianapolis, and

was president a year or two ago of the Society of Orificial Surgeons at Chicago, pronounced homeopathic body. His liberalism is charming and greatly to his credit. He is indeed the true eclectic as the word implies, and does not possess a single tenet of faith or line of works that would prevent his practicing in any part of the German Empire if he were to first graduate from one of the German university schools.

And one of the leading physio-medicalists of the State is so liberally constituted that he actually wrote a long letter to the Indianapolis Daily Journal when the Indiana regiments were sent to the Spanish war, advocating that a physician of each of the sects recognized by the State medical law should go as surgeon of each regiment, so that the boys in blue might, when sick or wounded, be able to select a physician from whichever of the "four schools" he desired. How naive! Could any scheme be more simple or easily consummated? Now, of course, with recognized this physician osteopathy would demand that a "rubber" be added to each newly enlisted regiment. What arrant nonsense all this becomes when the mask of sectarianism is thrown aside, and the real needs of the sick are considered.

the new law this incarnation of folly and egotism known as osteopathy is "up to" scientific medicine. It is recognized by State law-just what its votaries wanted, so they might appeal to the credulous public. We now have the science of medicine in one scale and the pathies in the other. No generation living may expect to see our most wonderful and beneficent science standing erect, noble and dignified in the courts and before the people. For Scientific Medicine has gone whoring after strange gods and has called to her aid the State Legislature and become ensnared in the meshes of political wire-pulling, ignorance and corruption.

We cannot close this presentation of the victory of the osteopaths over the medical profession in Indiana better than to quote the estimate of them given by Dr. H. V. Barclay, of New York City, at a hearing on the Seymour bill in Albany, February 27th.

Dr. Barclay represented the New York

Medical and Gymnastic Society, which was legally formed May, '98, and open alike to physicians and laymen.

Dr. Barclay said:

"Having acquainted ourselves with history, practice, methods, and claims of osteopathy and its institutions of learning, our society has decided to send representatives here to protest most strongly against the passage of the bill intended to give them rights and privileges. Our reasons for so doing are: 1. That osteopathy, in spite of its claims to the contrary, is not a new school, nor a complete school, of medical practice; they are therefore not in position, as they confess themselves in their alleged text-books, to treat all forms Osteopathy, in principle, is of disease. nothing else or more than a certain form of massage and gymnastics, which, as we know, is a mechanical treatment, known from the earliest days of history, and which is based on scientific principles and the results of experience and modern research, and now recognized and employed by the medical profession all over the civilized world. But osteopathy is not even a complete system of mechanical gymnastics and massage, since its operations embrace only a few manipulations, chiefly pressures applied to nerves and bones and certain movements intended for passive stretching of contracted muscles and fasciæ. In reading their text-books I have not found a single thing of value but what has been known in the past. 2. We oppose the passage of this bill because osteopathy, as you have already heard mentioned in the remarks of physicians representing the Medical Society of the County of New York, claims to cure and benefit a large number of diseases which, on account of their causes and pathology, are entirely unsuitable for such treatment; nay, it is harmful and dangerous to patients suffering therefrom, and numerous instances have come to the knowledge of the members of our society in which positive harm has been done. The osteopathic practice is, therefore, a menace to public health.

"As a matter of fact, any impartial person who will take pains to investigate the practices and claims of osteopathy will find that the system rests largely on false claims and pretenses, which, if not wilfully held forth, can only be due to ig-

norance. And that this is so is not surprising, when we learn that instruction in osteopathy can be had at this day, as it could be and has been had in the past, in courses lasting from two to six months, personal attendance often not being necessary; and many are those who hold dipiomas from this kind of schools. And these are the people who shall be allowed to practice legally and independently according to this bill. But even if those who in future may desire to obtain a license to practice osteopathy must qualify as provided by this bill, they will, nevertheless, be entirely unfit to be allowed such privilege, for the reason, as before stated, that their practice reduces itself to a very small part of regular medical practice, and as operated and practiced by them is very often either entirely wrong or open to serious objections and doubts, which has been sufficiently demonstrated by other speakers.

"Masseurs and gymnasts who are not physicians will always be necessary and will be welcomed and supported by the regular medical profession, since, on account of the nature of their work, no physician, with the exception of those who have specially devoted themselves to this practice, will have the time, physical strength, technical dexterity, and skill But, while osteopaths are oprequisite. posed to the regular medical profession and desire to apply their treatment exclusive of other treatment, the regular masseur and gymnast sees in his line of work only a part of regular therapeutic measures, and, although his is very often the only treatment required, he is not opposed to other beneficent treatment by the physician. Indeed, he is glad to have the physician at his side and have him point out the diagnosis, and is always grateful for information that will assist him to carry the treatment to a successful issue: in other words, he desires to co-operate with and work in harmony with the medical profession, who need him as much as he needs them. This is as it should be. The best men of our craft are already recognized and respected by the medical profession, upon whom they depend for their work, and had the medical profession at large recognized us in the past as they appear to do now, I dare say that osteopaths, common rubbers, and charlatans of various descriptions would never have had a chance to gain entrance into this State."

#### State Medical Society Meeting at South Bend, May 15, 16, 17.

All the indications are that there will be a good meeting at South Bend. anapolis will send between twenty-five and forty representatives. The JOURNAL staff will be there in force—Drs. A. W. Bravton, Theodore Potter and Norman E. Jobes. The business department will be represented by Dr. George J. Cook, and the secretary, Miss Pearl Holloway, will receive subscriptions and collect bills due. The Marion County Society will send up seventeen papers, concerning nearly every department of medicine. Advices re-ceived from Dr. Bulson and others of Ft. Wayne promise a good support from that self-sufficient medical center. Evansville will send a strong delegation to capture the meeting for 1902. The society has never met in the southern section of the Evansville could extend to the association a steamboat ride to Paducah and up the Tennessee to the battlefields of Shiloh and Pittsburg Landing, and even as far as Mussel Shoals, Alabama.

Speaking of entertainments and side shows, we desire to warn the local committee for the South Bend meeting of the danger of multiplying entertainments at the expense of the essential and scientific purposes of the meeting, as was unfortunately done at the Anderson meeting last year. The surgical and medical sections were emptied in order that the members might see how iron is tinned and sand made into glass—all very weird and interesting, but not medicine or surgery. The State Society does not care a rap for the big wagon and plow works of South Bend.

Of course, every member will be pleased to see the great University of Notre Dame and its allies, St. Mary's Academy and the special schools of the propaganda, St. Joseph's and St. Aloysius Academies, for these are the things of the abiding mind and spirit and will continue unchanged when we have learned to hitch our wagons to the stars and plow our fields by chain lightning. "And who would see Notre

Dame aright, must see it by the fair moonlight," and so even this exponent of the oldest and most powerful of human organizations need not to detract from the orderly and prearranged course of our scientific meeting.

The authors of papers should remember that at the Lafayette meeting, 1898, Dr. McCaskey brought the motion, which was passed, that no paper should occupy over fifteen minutes. He will probably see that his own rule is enforced, as he is President. As a matter of fact, many of the essayists go on for twenty to thirty minutes, knowing how easy it is to get "general consent." This is polite robbery of other essavists, and an assumption on the part of the reader that he has exhausted the subject so thoroughly that no discussion of his paper is necessary. As a matter of fact, fifteen minutes is long enough for even a paper on appendicitit to serve as a text. This rule is for a purpose—namely, to give every member who desires to be heard a show for his white alley. Let us have the rule obeyed or stricken off at once.

It is to be hoped that no essayists or discussants from the Windy City or otherwheres will be invited to monopolize the time of the Society. If Indiana doctors wish to turn their meeting over to outsiders, they must first change the organic law. But the meeting is intended to bring out and develop our own physicians, and this can only be done by ourselves. If we need outside instructors, we have access to their essays, books and clinics. A lecture to the public on some discovery of note—the malarial problem, climate in tuberculosis, or the like—given in the evening to fill out the occasion in connection with the President's address, may be allowable. Osler, Senn, Patrick, Vaughan, Fenger, Abee, Wyeth, Morrow, Caille—some giant of research and knowledge, like Tyndall or Huxley, using the simple English "straight-flung words and few"-the best is none too good for such an occasion.

To be sure, we have a three days' meeting, but only a few will attend three days. The final session should close at 3 or 4

p. m., as no scientific work is done in the last hours of the session. If the committees do their business properly, and the brother with a motion which brings up a half hour's discussion is promptly squelched, not more than one hour need be employed in purely business routine. Let us steer clear of discussions of medical legislation, sumptuary laws, and suppress all cranks and idiots (from the outside, of course,) who wish to use the Society for their own aggrandizement, and we will have a serious discussion of the eternal verities of medicine, surgery, obstetrics, hygiene and sanitation.

#### State Medical Society Official Program.

Opening session, first day, Wednesday, May 15th, 1:30 p. m.:

Call to order by President G. W. McCaskey, Fort Wayne; invocation, Rev. E. P. Bennett, South Bend; addresses of welcome by Hon. Schuyler Colfax, Mayor of South Bend, and Dr. H. T. Montgomery, South Bend; roll call; report of Secretary, F. C. Heath, Indianapolis; report of Treasurer, A. E. Bulson, Fort Wayne; report of Committee on Arrangements, J. B. Berteling, South Bend; report of Committee on Necrology, G. W. Kemper, Muncie; report of Committee on Publication, A. W. Brayton, Indianapolis.

#### PAPERS.

1. Symposium on Diphtheria.—Causation, J. B. Fattic, Anderson; Diagnosis, L. P. Drayer, Fort Wayne; Treatment, F. M. Sawyer, South Bend; Quarantine and Disinfection, J. W. Hill, South Bend. Discussion opened by E. C. Davidson, Lafayette.

2. Pathology and Treatment of Pneumonia.— J. C. Fleming, Elkhart. Discussion opened by

A. P. Buchman, Fort Wayne.

3. Dysmenorrhæa.-L. H. Dunning, Indianapolis. Discussion opened by Joseph Weinstein, Terre Haute.

4. Dermoid Cyst of Testicle-Specimen.—C. H. English, Fort Wayne. Discussion opened by S.

L. Ensminger, Crawfordsville.

5. Inguinal Hernia.—David Ross, Indianapo-Discussion opened by Samuel Kennedy, Shelbyville.

Evening, first day, Wednesday, May 15th:

Entertainment of the State Society by the St. Joseph County Medical Society.

Morning session, second day, Thursday, May 16th, 8:30 o'clock:

Report of Committee on Ethics, K. K. Wheelock, Fort Wayne: report of Finance Committee, Peter Drayer, Hartford City; report of Committee on Medical Legislation, W. N. Wishard, Indianapolis; report of Committee on Pathology, F. B. Wynn, Indianapolis; miscellaneous business; Committee on Nominations will meet in room — at the Oliver.

#### PAPERS.

1. Tuberculosis.—J. H. Carson, Brazil. What Shall We Do With Our Consumptives? W. J. Fairfield, Anderson. Discussion opened by Paul Barcus, Crawfordsville.

2. Dry Surgery.—E. Walker, Evansville. Discussion opened by Joseph Eastman, Indian-

3. Nephritis.-G. W. Finley, Brazil; Interstitial Nephritis, Report of a Case, B. Van. Sweringen, Fort Wayne. Discussion opened by James Wilson, Wabash.

4. Surgery of the Mammary Gland.—W. M. Wright, Indianapolis. Discussion opened by G. F. Beasley, Lafayette.

5. Exophthalmic Goitre.-B. T. Hunt, Winchester. Discussion opened by A. E. Bulson, Fort Wayne.

6. Syncytium Malignum.—Walker Terre Haute. Discussion opened by George H.

Grant, Richmond.

7. The Present Status of the Treatment of Prostatic Hypertrophy.—W. N. Wishard, In-Discussion opened by C. E. Bardianapolis. nett, Fort Wayne.

Afternoon session, second day, Thursday, May 16th, 1:30 o'clock:

1. Symposium on Puerpural Infection.—Causation, Walter Schell, Terre Haute; Symptomatology, A. M. Hayden, Evansville; Treatment, D. J. Loring, Valparaiso; The General Practitioner in Puerpural Septicæmia, H. B. Boyd, Cambridge City. Discussion opened by

J. T. Scott, Indianapolis.

2. What Constitutes "True Conservatism in the Treatment of Appendicitis."—Miles F. Porter, Fort Wayne. Discussion opened by T. B.

Noble, Indianapolis.

3. Medullary Narcosis.-C. Trueblood, An-Discussion opened by L. J. Willien,

Terre Haute.

4. Report of a Successful Operation for Pistol Shot Perforation of the Intestine .- J. C. Sexton, Rushville. Discussion opened by G. W. H. Kemper, Muncie.

5. Malaria in the Light of Recent Investigation.—Chas. S. Bond, Richmond. Discussion opened by B. A. Rose, Linton.

6. The Gonococcus and Its Toxius.—J. Discussion opened by Eastman, Indianapolis. Chas. Stoltz, South Bend.

7. Malignant Disease of the Skin.-W. T. S. Dodds, Indianapolis. Discussion opened by A.

W. Brayton, Indianapolis.

8. A case of Hystero Epilepsy in which the climax was marked by Hemorrhages from the intact External Auditory Canal.-K. K. Wheelock. Discussion opened by D. W. Stevenson,

9. Abortion.—T. B. Noble, Indianapolis. Discussion opened by R. B. Wetherell, Lafayette.

10. Prenatal Culture; a Factor in the Creation of Personal Traits and Talents.—E. J. McOscar, Fort Wayne. Discussion opened by B. H. Pierce, Anderson.

11. Twins.—Hugh A. Cowing, Muncie. Discussion opened by Henry Gers, Washington.

12. The Etiology of Strabismus and Recent Methods of Treatment.—T. C. Hood, Indianapolis. Discussion opened by W. C. Eichelberger, Terre Haute.

Evening session, second day, May 16th, Oliver Opera House, 8 o'clock sharp:

President's address-Physiology the Basis of Clinical Medicine: A Plea for Scientific Methods; address-The Making of a Doctor, John A. Wyeth, New York City.

Reception at The Oliver.

Morning session, third day, Friday, May 17th, 8:30 o'clock:

Report of Committee on State Hygiene and State Medicine, J. N. Hurty, Indianapolis; report of Committee Rush Monument Fund, M. F. Porter, Forf Wayne; report of Committee on Inebriety, H. J. Hall, Franklin; miscellaneous business.

#### PAPERS.

1. Diagnosis and Treatment of Typhoid Fever, N.W. Cady, Logansport; A Plea for Drainage in Typhoid Fever, F. P. Nourse, Anderson. Discussion opened by W. H. Stemm, Mt.

2. Ambulatory Treatment of Fractures.—J. H. Cannon, South Bend. Discussion opened by

J. H. Oliver, Indianapolis.

3. Acute Enteritis in Childhood.—F. A. Tucker, Noblesville. Discussion opened by r. B. Wynn, Indianapolis.

4. Foreign Bodies in the Lungs With Re-corts of Cases.—Theo. Potter, Indianapolis. Discussion opened by M. G. Moore, Vincennes.

5. History, Etiology, Symptoms and Differential Diagnosis of La Grippe, Maynard A. Austin, Anderson; LaGrippe, N. D. Gaddy, Seymour. Discussion opened by John W. Gray, Bloomfield.

6. Dermatitis Universalis.-F. P. Eastman, South Bend. Discussion opened by J. L. G.1-

bert, Kendallville.

7. Aneurism of the Vertebral Artery With Report of Case.—Isaac N. Trent, Muncie. Discussion opened by Allen Pierson, Spencer.

8. Some Relations of the Profession to Ear Disease.—J. F. Barnhill, Indianapolis. Discussion opened by L. C. Cline, Indianapolis.

9. Diagnosis of Acute Peritonitis.—H. O.

Pantzer, Indianapolis. Discussion opened by

W. H. Gilbert, Evansville.

10. Vulvo Vaginal Abscess.—J. F. Smith, Brazil. Discussion opened by C. K. Brunner, Greenfield.

Afternoon session, third day, May 17th, 1:30 o'clock.

#### PAPERS.

1. A Consideration of the Ureter.—F. R. Charlton, Indianapolis. Discussion opened by W. R. Cravens, Bloomfield.

2. Electricity in Medicine.-F. C. Dilley, Brazil. Discussion opened by John Kolmer, Indianapolis.

3. The Present Status of Diagnosis of Can-

cer of the Stomach.—A. B. Graham, Indianapolis. Discussion opened by Geo. D. Kahlo, Indienapolis.

4. The Treatment of Pott's Disease.—H. R. Allen, Indianapolis. Discussion opened by C. s.

Stemen, Fort Wayne.

5. Subdural Hemorrhage.-L. B. Terrill, An-Discussion opened by H. O. Statler, derson. Goshen.

6. A Consideration of the Present Laws for Commitment of Insane in Indiana.—W. B. Pletcher, Indianapolis. Discussion opened by Jos. G. Rogers, Logansport.
7. Dipsomnia.—G. M. Leslie, Fort Wayne.

Discussion opened by H. J. Hall, Franklin. 8. The Urine—A Clinical Study.—S. Scherer, Indianapolis. Discussion opened by B. S. Hunt, Winchester.

9. Disease of the Upper Air Passages in Relation to Mental Development.-L. F. Page, In-Discussion opened by H. E. dianapolis. Greene, Crawfordsville.

10. Smallpox.—C. W. Moore, Teegarden. Discussion opened by J. N. Hurty, Indianapolis. 11. Report of the Committee on Nominations.

Adjournment.

#### Marion County Society Papers at the South Bend Meeting.

It is the custom of this Society to refer all papers read during the year to a committee composed of the Judicial Council and the executive officers of the Society. At the meeting held Wednesday, April 17, the following papers were selected upon the basis of one paper to each ten members of the Society:

A Consideration of the Indiana Laws for the Commitment of Insane Persons to Hospitals for the Insane, Dr. W. B. Fletcher. This paper was sent up also

by request of the Society. Etiology of Strabismus and Recent Methods of Treatment, Dr. J. C. Hood. This is the only eye paper as yet sent up

to the State Society.

Malignant Diseases of the Skin, Dr. W. T. S. Dodds. This paper will consider the general etiology of cancer, and will report two cases of malignant blastomycetic disease, with presentation of the yeasts.

A Consideration of the Ureter, Dr.

Fred. Charlton.

The Urine; a Clinical Study, Dr. Simon P. Scherer.

The Gonococcus and Its Toxins, Dr. 6. J. Rilus Eastman.

The Treatment of Prostatic Hypertrophy, Dr. W. N. Wishard.

- 8. Abortion, Dr. Thomas B. Noble.
- 9. Relation of the Profession to Ear Diseases, Dr. J. F. Barnhill.
  - 10. Inguinal Hernia, Dr. David Ross.
- 11. Treatment of Pott's Disease, Dr. H. R. Allen. This paper shows the relative merits of the treatment by braces and the crustaceous methods.
- 12. Diseases of the Upper Air Passages, with Relation to Mental Development, Dr. Lafayette F. Page.
- 13. Surgery of the Mammary Gland, Dr. Wm. M. Wright. Considers both benign and malignant tumors; does not discuss mastitis.
- 14. The Present Position of the Diagnosis of Cancer of the Stomach, Dr. Alois B. Graham.
- 15. Foreign Bodies in the Lungs, with Report of Cases, Dr. Theodore Potter.
  - 16. Peritonitis, Dr. Hugo O. Pantzer.17. Paper by Dr. L. H. Dunning.
- Probably at no other meeting of the committee have there been so many papers considered. Every paper in this list will be read at South Bend by the author, unless the unexpected happens. Several other excellent papers were considered, but there was no room on the list. Bend is proving an attraction to the Marion County Society. It will be noticed that the papers are all scientific; they have to do with medicine and surgery No paper on obstetrics appears on the list. Those on peritonitis and abortion bring up certain phases of obstetrics. Obstetrics has no writing representative in the Marion County Society since Dr. Burckhardt has interested himself in other branches of medicine. There is not a single paper on any common disease except clap and cancer.

#### Hospital and Dispensary Appointments.

A competitive examination for the selection of internes at the City Hospital, the City Dispensary and the St. Vincent's Hospital for the ensuing year was held April 10th to 13th, under the auspices of the City Civil Service Commission.

As a result of this examination, Drs. J. R. Lewis, M. W. Wells, Louis Berner and Bon O. Adams will compose the house staff of the City Hospital.

The vacancies occurring at the City Dispensary will be filled by Drs. J. B. Young, M. O. DeVaney, Harry Jacobs, L. F. Hicks and Grav.

Drs. J. W. Canaday and T. J. Dugan will go to St. Vincent's Hospital.

All of these gentlemen are graduates of the Medical College of Indiana, with the exception of Dr. Gray, who graduated at the Central College of Physicians and Surgeons.

Dr. A. J. McCracken will succeed the present interne at the Protestant Deaconess' Hospital, and Drs. A. L. Roberts and J. B. Seaman, of the Bobbs Free Dispensary, will be succeeded by Drs. J. W. MacCammon and W. C. Beall.

#### Carcinoma of the Prostate.

"The patient, a man, 49, was operated May 12, 1900, at which time a suprapubic cystotomy was done to relieve an intense cystitis and for diagnosticating the prostatic trouble, which was believed to be can-It was hoped also to remove the prostate, but this was found impossible, so the bladder was simply drained. patient did very well for seven months, but died in coma February 11, having had cerebral symptoms for the last three weeks. The autopsy was held twelve hours later. His death was probably due to metastatic carcinoma of the brain, but, as the postmortem examination was incomplete, this was not verified. The bladder and a kidnev were removed. The kidney contained three or four concretions, and its artery was unusually large. The bladder at the time of operation was greatly thickened and roughened, so much so that it resembled the interior of a heart. After the seven months' drainage, it looked fairly healthy. When the patient was placed on the table he was deeply septic, the temperature being 103 degrees. His weight at the time of his death had fallen from 230 to 150 pounds. There were no kidnev symptoms, unless the coma was one. The pain in the rectum was frightful and interfered with sleep. The prostatic growth he believed to be cancerous. because of its consistency and the involvement of surrounding structures."

The above is reported by Dr. L. E. Newman of the St. Louis Medical Society, February 16, 1901, in the St. Louis Medical Review. Our readers will recall that we reported recently a case operated by

Dr. Morris, of New York—inguinal colostomy and suprapubic cystotomy, for alleviation of the pain caused by defecation and urination. The eminent patient died in a few weeks from hemorrhage due to metastatic carcinoma of the lung.

Dr. Fuller, in his "Diseases of the Genito-Urinary System," pages 366-372, recites a case in which he removed the cancerous prostate in a man of 70, with the brilliant result that there was no return after nine months and up to the time of publication of his treatise. In middle life the course of the disease rarely exceeds But all forms of cancerous growth are retarded in elderly people, and in such the disease may be prolonged to two, three or even five years. The diagnosis is frequently difficult; the cystoscope is of little use because of the hemorrhage. The differentiation must be made from senile hypertrophy. The hardness, the nodular feel through the rectum, the pain, resistance and hemorrhage on passing the sound are all suggestive. Cancer of the prostate is a horrible and almost hopeless form of this protean disease, and warrants the abundant use of anodynes to allay the pain.

#### The Treatment of Epithelioma of the Skin.

We note the following in the March issue of the Wisconsin Medical Recorder:

The abstracts which we published in the January Recorder on the treatment of epithelioma have excited considerable interest and comment on the subject among our readers. The method of treatment used by Dr. A. W. Brayton, of Indianapolis, is of special interest. In commenting on Dr. W. A. Posey's treatment by means of curetting first and then applying saturated solution of chloride of zinc, Dr. Brayton says: But why not use first the curette until hard tissue is reached; then, second, apply pure carbolic acid to prevent paint; then, third, use saturated acid nitrate of mercury well pressed in for five minutes? Then curette again, and again use the two acids. This triple methodcurette, carbolic and mercury nitrate—can be followed for an hour and the entire growth removed before the patient leaves the office. Dress with powdered acetanilide. The writer following Dr. S. Sherwell, of Brooklyn, has used this method in numerous cases with excellent results. It is only second to the actual cautery of superficial epitheliomas.

This method is especially adapted to small cancers of the skin, particularly about the lids, bridge of the nose, lips, behind the ears, and in the very superficial form of epithelioma known to English clinicians as "rodent ulcer." There are many patients who fear the knife and the actual cautery, but who can be led to submit to caustics. And they are not compelled to go to the hospital for a week, as in the cutting operations. As to the permanency of cure, there are many operators who have cases without recurrence for from two to ten years after the use of chemical or the actual cautery. There is less danger of disseminating cancer growth into sound tissues by caustics than by the knife. As a general rule it will be found that general surgeons favor the knife; cutaneous surgeons and general practitioners favor the thermo cautery, or chemical escharotics. Acid nitrate of mercury, preceded by the use of carbolic acid, does not produce the pain and swelling which follow several hours' application of arsenical paste or of zinc chloride. Every physician should advocate the immediate removal of all moles, angioma, senile warts, ordinary warts, and all sores, on persons over 40 years of age which do not heal readily with ordinary care and cleanliness. Any so-called benign cutaneous tumor is more likely to become cancerous than is the clean connective tissue scar caused by its removal.

#### The Law's Delay as a Cause of Lynching.

Julian Ralph, our able special correspondent in London, in the letter we printed Saturday, gave a brief account of his visit on February 15, to the Old Bailey. A trial of a man for a murder committed January 6th was just ending. We cannot do better than repeat Mr. Ralph's words:

The trial had not lasted an hour. The jury had rendered its verdict of guilty, with the usual recommendation to mercy, which all British juries seem to regard as inseparable from all verdicts.

The judge was just putting on his black cap as I entered the room.

"You will be hanged by the neck until you are dead." he told the trembling wretch in the dock. "The jury has seen fit to add to their verdict a recommendation for mercy. It is not in my power to give this, but I shall forward their wishes to the proper quarters. Do not delude yourself with false hopes, but prepare for death."

And as certain as night follows day, that man will be dead, hanged by the neck, a fortnight from now. He will not see his friends again, if he has any; he will not be allowed to see anyone but his spiritual advisers and his jailers. Maudlin sentiment will have no play in the few last gray days of his rough life. Women will not be allowed to hand him flowers and scented notes, or ask him for his autograph. He is already dead to the world. And so it should be, if the laws of a country are to be obeyed. I have often noticed how condemned murderers here meet their deserts swiftly, without waste of time.

That is English justice—swift, sure, free of sentimentalism. And there is no whitecapping, no Nationism, no lynching in that land. We approach its certainty and severity in this country only in New Jersey and some of the other older States. But too often, as we know to our humiliation and disgrace, justice lags and maudlin sympathy wails, and Judge Lynch

takes revenge.

This contrast has frequently been drawn between American and English methods of criminal trials, but we reproduce it from the News of Indianapolis for the benefit of our readers. Mr. W. P. Fishback cited the celerity of English justice in his "Memoirs of Lord Coleridge." In New York the judges are elected for long terms, have good salaries, and cover a large circuit. As a consequence they do not hustle at primaries and conventions. They frequently serve three or four terms —eighteen to twenty-four years. Federal courts are feared by our criminals, but as to the county courts—well, the criminals are frequently the best convention hustlers, or, at least, their friends are. so with the selection of prosecuting attorneys and jurymen—the vicious influence of partisan politics is frequently dominant. There is not a law on the statute books nor in the city charters but what could be enforced to the letter if the law executors—judges, prosecuting attorneys and mayors—were determined to enforce the laws, though the heavens fall. public sentiment is manifestly opposed to any law, its repeal is sure to follow if the law is vigorously executed.

#### Professor Bowser and His Psoriasis.

UNION CITY, IND., April 12.—Fred. Bowser, of Redkey, Ind., was here to-day to consult medical experts in regard to a very unusual skin disease with which he is suffering, and which he contracted five years ago as the result of contact with a

poisonous vine while hunting specimens with his botany class. A white powder constantly forms and drops off the scaly eruption with which his entire body is covered. He experiences no pain or inconvenience, and he is perfectly healthy in all other respects. As yet no physician has been able to offer relief.—Indiana polis Journal.

The press notice above gives a succinct and concise description of an extreme case of psoriasis, which the physician who runs may read. And Professor Bowser did not get it from the "poisonous vine." Rhas toxicodendron, the three-leaved poison ivy is the vine referred to. Professor Bowser should take treatment for this very common affection, keep it in subjection as much as possible, go on with his school duties, and keep his name and his diseases out of the grasp of the press reporters if that is possible.

# The State Board of Health's Report for Month of March.

More people died in Indiana last month than in the month of March, 1900, according to the report made public by the State Board of Health April 11. The total number of deaths during the past month was 3,272, and the rate 15.3, while for the corresponding month in 1900 the number was 3,217 and the rate 15. These deaths have been classified by Secretary Hurty by ages as follows: Under 1 year, 566; from 1 to 5 years, inclusive, 230; 65 years and over, 847. The diseases that carried away so many people in one month and the share of victims belonging to each malady follow: Pulmonary tuberculosis, 373; typhoid fever, 44; diphtheria, 29: scarlet fever, 24; measles, 43; whooping cough, 26; pneumonia, 603; diarrhœal diseases, 15; cerebro-spinal meningitis, 39; influenza, 174; cancer, 81; violence, Smallpox claimed 5 victims.

In cities 1,164 people died, while in the rural districts the deaths amounted to 2,108. The city rate was 16.2 and the rural rate 14.9.

The Health Board bulletin contains interesting statistics concerning the small-pox plague. The cases reported from various counties were 472 in number, distributed as follows: Marion, 22; Steuben, 1; Pike, 4; Fulton, 12; Tipton, 6; Vanderburgh, 1; Lake, 12; Posey, 6; Lawrence,

101; Vermilion, 16; Dekalb, 5; Howard, 8; Perry, 1; Dearborn, 4; Wabash, 4; Ohio, 46; Switzerland, 220; Wayne, 1; Noble, 2. The disease has thus far been in a mild character, except in a few cases.

#### American Proctologic Society.

Third annual meeting will be held at Hotel Aberdeen, St. Paul, Minn., June 4 and 5, 1901.

President—Dr. James P. Tuttle, New York.

Vice-President—Dr. Thomas Charles Martin, Cleveland.

Secretary-Treasurer—Dr. William M. Beach, Pittsburg.

The following papers will be read:

Primary Tuberculosis of the Rectum and Anus with Report of Cases, Dr. Leon Straus, St. Louis.

Disease of the Sigmoid, Dr. George B. Evans, Dayton, Ohio.

Report of Two Cases of Valvotomy, Dr. Samuel T. Earle, Baltimore.

Treatment of Prolapse of the Rectum, Dr. J. Rawson Pennington, Chicago.

Foreign Bodies in the Rectum, with Report of a Case, Dr. Lewis H. Adler, Jr., Philadelphia.

A Study of Simple Ulceration of the Rectum from a Clinical Standpoint, Dr. A. Bennett Cooke, Nashville.

A New Method for the Painless Removal of Hemorrhoids, Dr. Thomas Charles Martin, Cleveland.

Anal Pockets, Dr. Louis J. Krouse, Cincinnati.

The treatment of Recto-Colitis, Dr. William M. Beach, Pittsburg.

Paper, Dr. George J. Cook, Indianapolis.

#### Locomotor Ataxia Society.

The following is from the New York letter in the *Indianapolis News* of April 13th:

The Society of Lomocotor Ataxia Sufferers is being organized in this city. Its first meeting will be held in Tuxedo Hall on May 1. The temporary secretary and organizer of the society is C. W. Stubbins, who has spent thousands of dollars to find a cure, but has met with only one temporary relief.

The object of the society is to make a deter-

mined and exhaustive search for a permanent cure for the disease. Advertisements are being inserted to get together those similarly afflicted and to raise a fund for the establishment of a laboratory in New York, where experiments can be made. The best specialists will be engaged to conduct the experiments.

It is expected that about one hundred sufferers will attend the first meeting of the society, and definite plans will then be made for the

future

Mr. Stubbins has tried every suggested cure, including the one million voltage electric treatment recommended by Nikola Tesla and the 300 degree baking oven, and has come to the conclusion that will-power is an important factor in combatting the disease.

Let them go on with their society, and remember that 90 per cent. of the cases have a syphilitic history. The will-power factor in the re-education of the ataxia muscles is rational. See Dr. Patrick's article in the March issue of this journal.

# The Ex-Staff of the Indianapolis City Dispensary.

Comparatively few persons realize the nature or amount of work done in the City Dispensary in a year. The thousands of persons who are treated there represent every stage of poverty, degradation and dissipation. For almost the first question that is asked the sick applicant is:

"Are you able to pay a physician?"

If he is, which is very seldom the case,

he is sent home.

The four doctors who, with Dr. Benham, the superintendent, have had charge this year, are all graduates of the Indiana Medical College. The work is divided into inside work, the consulting-room, surgery-room and drug-room, and outside work, the North-and-South-side calls. The doctors alternate in the service, taking as nearly as possible three months in each branch. The outside calls number about 20 a day and take the doctors into the poorest, most wretched homes of the city. The chief "caller" the last year has been Dr. Chas. Edward Wright, whose horse and carriage is hitched in front of the dispensary every morning.

Dr. Wright knows the value of a joke in the sick room and it is said the gloomiest patient wears a smile when the doctor's portly form blocks the sick room door. He will practice with Dr. Frank A. Morrison,

207 North Alabama street.

A large share of the surgical work,

which averages ten cases a day, has fallen to Dr. E. L. Wiggins, who demonstrated his hard-heartedness by bringing a kitten from his home in Elwood and experimenting with a malt milk diet which his associates say is "guaranteed to kill." The doctor will spend one year in a New York hospital.

In the drug-room Dr. D. H. Brown has hustled all winter to fill the prescriptions for the weary line of pale and bandaged sufferers in the hall outside. The doctor is very fond of the ambulance and night calls, and will jerk an epileptic back to life before rival undertakers hear of his death. He will swing out his shingle at 413 Indiana avenue.

The thirty or more patients that wait for consultation every day will remember genial Sam McGaughey, M. D., who always decides with them that their case is serious and then writes a free prescription. When Dr. McGaughey has not been rushed with morphine suicides, he has spent his spare hours in studying the ails and aches of Irvington people, and will probably arrange to gather in their emergency coins.—From the Indianapolis Sun of April 25.

#### COLLEGE MATTERS.

# Ninth Annual Commencement of Indiana Veterinary College.

The ninth annual commencement exercises of the Indiana Veterinary College of Indianapolis were held April 5th at Germania Hall. The programme consisted of an address by Dr. F. A. Mueller, President of the college, a recitation by Professor T. J. McAvoy, the conferring of the degrees by the President, a vocal solo by Victor Jose, the valedictory by Nathan B. Combs, of Mulberry, Ind., and music by Beiser's orchestra.

The graduating class consisted of John Archer, Spencer; Jesse T. Brown, Flora; William Cristy, Terre Haute; David V. Wolfe, Oaktown; Frank H. Riester, Salem; Amos F. Nelson, Jamestown; Frank J. Mueske, Indianapolis; Nathan B. Combs, Mulberry, and James C. Taylor, Milwaukee, Wis.

At the conclusion of the exercises the floor was cleared for dancing, and later the class and visitors adjourned to the banquet hall.

#### Central College Graduation.

The twenty-second annual commencement exercises of the Central College of Physicians and Surgeons were held at English's Opera House Thursday evening, April 4, 1901. The class was an unusually large one, the list of graduates including two young women. It was composed of the following: William B. Hunt, Allen W. Gifford, Oscar Jones, Elwood Gray, Charles E. Gillespie, Eva Cottingham Sammons, Harry N. Oldham, Ira H. Jordan, Frederick John Crease, D. Joseph Cummings, P. C. Barnard, Louis Sayre, Harriet O. Funk, A. W. Snyder, Daniel Guy Leach, Oliver Augustus Byers, Karl Nimmon Bartley, Thomas Rilus Barker, Eustace James Newton, William Thomas Irvine, Austin R. Logan, Walter S. Given, George D. Miller.

The programme was attractive, most of the numbers meeting with the applause of the large audience present. The stage, on which the faculty and graduates were picturesquely grouped, was decorated with

potted plants and palms.

The address of the evening was delivered by Professor Adoniram J. Banker, of Columbus, his subject being "Medicine as a Profession vs. Medicine as a Business." Among the pleasing numbers of an excellent musical programme were a barytone solo by Mr. Edwin Feller, a duet on the violin and harp by the Misses Bertha and Louise Schellschmidt, a soprano solo by Mrs. Ida Gray Scott and a 'cello solo by Mr. Adolph H. Schellschmidt. The degree of Doctor of Medicine was conferred on each of the graduates by Dr. Joseph Eastman, President of the Board of Trustees of the college.

The commencement exercises were followed by a banquet at the Denison Hotel, tendered by the Alumni Association to the Alumni of the Central College of Physicians and Surgeons. The symposiarch of the occasion was Professor Allison Maxwell, and responses were made as follows: Professor G. V. Woolen, "Our College:" Dr. Charles O. Lowery, "The Business Side of Our Profession;" Professor F. C. Tinsley, "Our Alumni Association;" Amelia Keller Buehler, "The Gratitude of Our Clientele;" Professor L. L. Todd, "Our Faculty;" A. W. Gifford, "Class of 1901;" Dr. L. Kahn, "The Sunny Side."

The annual meeting of the Alumni As-

sociation of the Central College of Physicians and Surgeons was held at the college. The address of the President, Dr. J. J. Booz, was read and the following officers elected for the year: President, Dr. J. D. Cain; Vice-Presidents, Drs. Scott, Pray, Wolfromen and Kenney; Secretary, Dr. Crockett; Treasurer, Dr. George Pendleton.—Press Report.

## Medical College of Indiana—Thirty-first Annual Commencement.

The thirty-first annual commencement of the Medical College of Indiana, which constitutes the medical department of the University of Indianapolis, was held at English's Opera House April 8. The class was above the average numerically, there being forty-six graduates, six of whom are young women. Those who

composed this year's class are:

Bonnie Odriscol Adams, Walter Clare Beall, Louis Berner, Cecil Augustine Butler, James Wilber Canaday, Charles Bunce Collins, Emma Collop, Effie Armilda Current, Mitchel Otis De Vaney, Emma Norris Doving, Thomas Joseph Dugan, Edward Clinton Elder, Walter McBeth, John Wilbur MacCammon, Arthur James Mc-Cracken, Charles Albert McNeill, William Ellsworth Michael, William Louis Miller, William John Molloy, Rebecca Parish, Samuel Pearlman, William Berry Peterson, Blanchard Pettijohn, Rosein Jule Piscator, Lanta Weirick Ford, Harry Shelby Hicks, Leora Franklin Hicks, Everette Edward Hodgin, Allen Jackson Hylton, Harry Aaron Jacobs, Rilus Eastman Jones, Paul Hunt Keves, Charles Jacob Kneer, Leon T. Leach, James Roger Lewis, John Perry Retts, George Revis, John Eayres Robison, Charles Clinton Root, De Laskle Smith, John Sellers Spoor, William Edgar Thomas, Walter Edwin Thornton, Milton Madison Wells, Claudius Huron White, James Byron Young.

As on former occasions, the commencement exercises were largely attended, the opera house being so crowded that many were forced to stand in the aisles and in the rear of the seats during the whole evening. The class and faculty of the college occupied the entire floor space of

the large stage, which was attractively decorated with palms and evergreens.

The address of the evening was delivered by President Hilliary A. Gobin, D. D., of DePauw University, his subject being "The Physician as a Publicist." He said that historically considered, no profession contains more illustrious discoverers and inventors whose achievements have brought reliefs and blessings to the people than the medical profession.

"No other profession does so much to reduce the very conditions by which it can reach the largest financial success," said "The hardest fought President Gobin. battles in the progress of medicine have been to introduce preventive measures against contagion and epidemics whereby disease would be minified and the demand for medical services be reduced. The people would rather pay heavily for the pound of cure than to give a penny for the ounce of prevention. The profession has toiled patiently against this strange perverseness of the popular mind. wrought wonderful benefits for those who have received them not only ungratefully, but often with sullen protest and even with open violence."

In speaking of the physician as a publicist President Gobin said he did not use the word "publicist" in its ancient meaning, but in the sense used by most modern writers in political science, which meant "one who is versed in, or writes upon, public affairs and anticipates improvements to promote public comfort and thrift." The physician, he said, co-operates with every other profession in correcting the evils of society. Continuing, he said: "Not the least important to the public is his service in exposing the frands and impositions of cranks and charlatans who claim to heal by some occult or mystic No profession is so seriously embarrassed by brazen pretenders who easily impose upon the sick and feeble by their preposterous claims. I admire the courageous and faithful physician who speaks out plainly and earnestly against all such imposters. They deserve bitter scorn and severe rebuke, because they approach their victims in the sanctimonious garb and platitudes of religion. It is not merely a duty to the profession to expose them. It is not simply a service to true religion to

show their real nature. The chief motive constraining the physician to oppose them is that he is in duty bound by obligations of his calling to protect the sick and in-

firm against all evils."

The address on behalf of the Board of Trustees in conferring the degrees was delivered by Dr. G. W. H. Kemper, of Muncie, Secretary of the Board. Among the numbers of an excellent musical programme was a xylophone solo, "The Burgomaster," by Mr. U. G. Leedy, and a number of vocal selections sung with pleasing voice by Mr. L. H. Colvin, accompanied by Professor A. Ernestinoff.

Prior to the commencement exercises the graduates were informally banqueted at the Denison Hotel by the faculty of the college. Dr. Henry Jameson acted as toastmaster, and a number of the faculty, including Drs. Brayton, Wynn, Wishard and Kemper, responded to his call with brief impromptu toasts touching upon the work and qualifications of the graduates. Dr. B. O. Adams, of Eaton, a member of the class, responded to the good luck toasts offered the class by the faculty.

#### LEGAL MATTERS.

#### Damage Suit Ruling—Plaintiffs Must Submit to Physical Examination Where Discretion Demands It.

A trial court has power and it is its duty in the exercise of a sound discretion to order that the plaintiff in an action for personal injuries shall submit to a physical examination by competent physicians or surgeons under penalty of the dismissal of his suit in case of a refusal. The Supreme Court of Indiana so held April 15, 1901, in reversing the judgment recovered by a seven-year-old boy named Bennie Turner against the city of South Bend.

The boy fell through an open manhole into a sewer, and it was alleged that his skull was cracked, his eyes injured, his leg broken and that he suffered internal injuries. The boy's physician was a witness to prove the extent of his injuries, and the city asked for an order that he should be examined by disinterested surgeons, who shall also testify.

In holding that a refusal to make the order was error, Judge Hadley said that a motion for such an order is addressed

to the sound discretion of the trial court, but that its refusal to make the order where it is necessary in order that justice may be done, is an abuse of discretion for which the judgment must be reversed. He said that physicians and surgeons, however honest and learned, are fallible, and are subject to the influence of friendship and personal interest.

After a review of the authorities he declares that the Federal courts alone deny the power of a court to make such an order, and declares the law to be the same in this State as it is held to be in other

States.

## Indianapolis Not Responsible for Hospital Dead Sent to Dissecting Room.

Judge McMaster, of the Superior Court, has ruled in favor of the city in the suit brought against it and Dr. Charles Poucher, as superintendent of the City Hospital, by James Goodrich. Goodrich complained that his brother died in the hospital, but that he was not notified, and the body was turned over to the Medical College of Indiana. He asked \$2,000 damages. Judge McMaster sustained the city's demurrer, on the theory that municipal corporations are not liable for the acts of their employes when they are in the discharge of the governmental functions of the municipality.

## Dectors Cannot be Compelled to Attend Calls in Indiana—Supreme Court Decision.

The Supreme Court of Indiana, April 5, decided that a physician is not bound to answer a call for his services, even though he is the physician of the family and a fee for his services is tendered him in advance. The case came from Montgomery county, and was that of George D. Hurley, administrator, against George W. Eddingfield.

In July, 1899, Mrs. Charlotte M. Burk, of Mace, became very ill and her husband called on Dr. Eddingfield and requested him to attend his wife. Eddingfield was the family physician and was the only person in the community familiar with obstetrics. He refused to answer the call for his services, and the husband went a second time, and then the neighbors went, and finally a minister called and tendered him his fees for his services, and still the

doctor refused to go. He absolutely refused to render aid, without giving any reason. There were no other patients requiring the doctor's services, and he could have gone to the relief if he had been willing.

Both the mother and the unborn child died, and a suit was filed against the doctor by the administrator to recover dam-The lower court held that a complaint based on such facts was not sufficient to permit a recovery against the doctor, and the Supreme Court affirmed

The opinion of the Supreme Court was written by Judge Baker, who, in the course of the opinion, says: "The act regulating the practice of medicine provides for a board of examiners, standards of qualification, examination, licenses those found qualified, and penalties for practicing without license. The act is a preventive, not a compulsory measure. In obtaining the State's license (permission) to practice medicine, the State does not require, and the license does not engage, that he will practice at all or on other terms than he may choose to accept."-Indianapolis Daily Journal.

#### Society Meetings.

#### April Meeting of the Lawrence County Medical Society.

This was the special meeting held at Bedford April 4. Drs. Wishard, Pfaff and Scherer, from Indianapolis, were present, and Dr. Ricketts, of Cincinnati. Nearly every doctor in the county belongs to the Society, and they were all present, besides a number from adjoining counties. Dr. Ricketts addressed the Society on "Hernia." A paper on "Cystitis; Its Causes and Treatment," was read by Dr. Wishard. Dr. Pfaff read a paper on "Cancer of the Uterus." A paper was presented by Dr. Scherer on "The Treatment of Stomach Diseases." A banquet was given the visiting physicians at the Doman Hotel. HARVEY VOYLES,

#### Marshall County Annual Meeting.

Secretary.

The Marshall County Medical Society held its annual meeting April 11th in the City Hall. The morning session was de-

voted to the business of the society and the following officers were elected for the ensuing year:

President, Dr. T. A. Borton, Plymouth: Vice-President, Dr. C. W. Moore, Tee-garden; Secretary, Dr. N. B. Aspinall; Board of Censors, Drs. C. A. Rea, C. F.

Holtzendorf and L. D. Elv.

The president of the society, Dr. A. G. Holtzendorf, called the meeting to order at 1:30. Dr. T. A. Borton as chairman of the reception committee, welcomed the guests in a few well chosen and appropriate remarks, and the following

papers were read and discussed:

Appendicitis, by C. A. Daugherty, of South Bend; Some of the Fallacies and the value of the Gastro-Diaphanes in the Diagnosis of Stomach Disease, by Dr. G. W. McCaskey, Ft. Wayne. The X-Ray in Diagnosis, by Miles F. Porter, Ft. Wayne; Tetanus, by G. W. Thompson, Winamac; Anæsthesia, by Chas. O. Wiltfong. What can we do for our Cataract Patients, by Geo. W. Van Benschoten, South Bend.

After supper the evening session was called to order by the chairman, Dr. D. J. Loring, of Valparaiso, read a paper upon the Microscopic Aids in Diagnosis and Treatment of Pneumonia, illustrating the subject with the microscope and well prepared charts.

Among the visitors were the following physicians: Drs. Miles F. Porter, and G. W. McCaskey, of Ft. Wayne; G. W. Thompson, of Winamac; C. A. Daugherty, C. Stoltz, C. C. Terry, Geo. W. Van Benschoten, R. B. Dugdale and H. A. Fink, of South Bend; W. F. King, of Columbia City; D. J. Loring, of Valparaiso.— Plymouth Evening News.

#### PERSONAL.

#### Dr. J. R. Dunn.

Dr. J. R. Dunn, formerly of Indianapolis, was in the city in late April, visiting relatives. He is located in Kiowa, Indian Territory. There are 500 people in the town, 100 being Indians. The Îndians have excellent free schools, furnishing board and lodging free. Dr. Dunn says he has much Indian practice; they are fully civilized and are "good pay"which controverts the usual belief that there is no good Indian but a dead In-

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dian. He subscribed for The JOURNAL and desired a copy sent to Dr. Haley, Ola, Indian Territory, whom he said would also subscribe.

#### Dr. Amzi W. Hon.

The JOURNAL has received the marriage notice of Dr. Amzi W. Hon, formerly of Harrodsburg, Monroe county, Indiana. The bride is Miss Cora Mabel McFadden. The new family will be at home after May 1st, in North Walnut street, Bloomington, Ind.

Dr. Hon is a gradute in medicine of the University of Louisville in 1892, and is a member of the Monroe County Medical

Society.

#### Dr. Foxworthy, of Indianapolis.

Captain Foxworthy sends The Jour-NAL the Manila Times, No. 282, of February 27, for which he paid "ten cents Mex." The copy is a special, giving an account of the services in the islands of the "Gallant Thirty-fourth U. S. Vol. Infantry," which has seen much service, and has now returned to the United States. Captain Foxworthy is a fluent writer. He has contributed an article on "Calentura" to the Philadelphia Medical Journal. Other Indianapolis physicians in the Philippines are Drs. Leonardo Bell, son of Dr. Guido Bell, and Dr. Harry Moore, son of S. H. Moore. All have been in good health and have done credit to their town and profession.

#### Mr. Nathan Ratliff.

Mr. Nathan Ratliff, the father of Dr. B. Ratliff, of West Newton, Ind., and Dr. L. H. Ratliff, of Lawrence, Ind., died at his home in Decatur township, April 22d. He leaves a widow and eight children. He was born in Henry county, in 1824.

#### Fort Wayne Physicians' Guarantee Company.

There has been organized at Fort Wayne, Ind., an association known as the "Physicians' Guarantee Company." The object of this association is to defend any physician or surgeon sued for malpractice. It is organized with a capital of \$100,000, and has a reserve fund of \$50,000, and its officers are men well and favorably known for many years—men

like Drs. A. P. Buchman and Miles F. Porter, for a long time teachers in the Fort Wayne College of Medicine. It was incorporated under a peculiar statute of Indiana, which provides for associations "for the purpose of aiding, indemnifying, and protecting the medical profession in scientific researches, and in the practice of medicine and surgery"—a statute totally different from that found in any other State, and amply covering all requirements of the company to operate in every State.

## Captain Harry S. Moore, of Indianapolis, Assistant Surgeon in the Volunteer Service in Manila.

We see by the Public Service announcements in the American Association Journal of April 6th, that Dr. Moore has been promoted to the rank of Captain. He is now Assistant Surgeon in the volunteer service, having been promoted from the rank of contract surgeon. He is located in Abra Province, some 250 miles north of Manila. He has sent home to his father, Dr. S. H. Moore, a number of relics illustrative of the handiwork of the native in textile fabrics and weapons of war. Dr. Moore keeps in good health and will stay in the army service indefinitely.

#### NECROLOGY.

#### Dr. J. H. Woodburn, of Indianapolis.

The Marion County Medical Society held a memorial meeting April 24th, taking action upon the death of Dr. James H. Woodburn, from heart disease, April 23d. Drs. William H. Wishard, Phillip McNab, P. H. Jameson, J. L. Thompson and J. M. Kitchen, members of a special committee, presented the following tribute of the society, which was adopted:

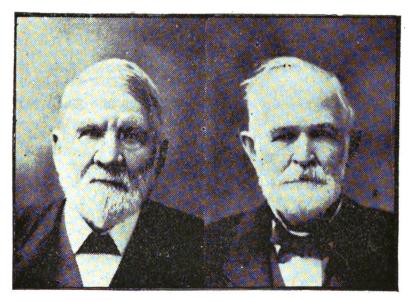
"Resolved, That we are pained to learn of the death of Dr. James H. Woodburn, of this city, whom we have long known and held in high esteem. In our departed friend and co-laborer we recognize an able and skillful physician, who was ever true to his patrons and just and honorable in his hearing toward his fellow-practitioners. The doctor was a public-spirited man, who held various public trusts, in all of which his several duties were honestly, faithfully and most efficiently performed.

He left his visible impress upon the community in which he lived and which he so generously served. He was ever a promoter of harmony in his profession. 'He sought peace and pursued it.' He goes down to his grave without spot or blemish on his private or professional career, honored and loved by all who knew him."

Following the adoption of the resolution a number of the members spoke of Dr. Woodburn and their associations with him, among them being Dr. P. H. Jameson, Dr. William H. Wishard, Dr. John A. Comingor, Dr. C. E. Woolen and Dr. J: L. Thompson.

from the Medical School of Louisville University in 1846. Following this he practiced medicine in Shelby, Clark and Johnson counties. In 1851 he removed to Indianapolis, and for many years enjoyed a lucrative practice as a partner of the late W. C. Thompson.

From 1861 until 1865 he was superintendent of the Central Hospital for the Insane. For eight years, beginning in 1867, he was a member of the City Council. He had previously been a member of the City Board of Health. He served as vice-president of the Board of Trustees of the Indiana Medical College; had



DR. WILLIAM H. WISHARD.

DR. JOHN H. WOODBURN.

The resemblance of Dr. Woodburn to Dr. William H. Wishard was so great that many of those who saw him after he was stricken supposed him to be Dr. Wishard. It was nearly thirty minutes after his death before it was clearly understood on the street which of the two was the dead man. The two old doctors were close friends, and when inquiry was made for a photograph of Dr. Woodburn, the fact was brought that the only recent picture of him in existence was one taken on a card with Dr. Wishard. Dr. Woodburn was born in Jefferson

Dr. Woodburn was born in Jefferson county, this State, January 15, 1822. He was graduated from Hanover College, and in 1841 began the study of medicine. He practiced for two years and was graduated

been president and treasurer at different times of both the Indiana State Medical Society and of the Marion County Medical Society.

He was for many years an active and prominent member of the Meridian Street M. E. church. He retired from practice four years ago, owing to bad health and advancing years.

He was married October 5, 1847, to Miss Ann E. Cravens, of Madison, this State, who survives him, and a grand-child, who bears his name, son of Dr. Fred C. Woodburn, who died in Porto Rico, in the Spanish-American war, is his only other surviving relative.

Dr. Woodburn was an unostentatious man, who endeared himself to all who

knew him by his kindly, sympathetic ways. Although his fortune had been swept away by the failure of the Indianapolis National Bank, in which he was a stockholder, he never became soured, but was the same genial, uncomplaining man that he had always been. No man in this community, say his associates, ever bore a higher character for integrity and moral uprightness than Dr. Woodburn. Woodburn died suddenly in a street car in Indianapolis from heart disease. Dr. E. F. Hodges, his physician, states that he has been a long time sufferer from aortic stenosis.

The Indianapolis News, always considerate of the medical profession and its honored representatives, has this to say of the two contemporaries, Dr. Woodburn and the Rev. Mr. Fletcher:

"The deaths of Dr. Woodburn and of the Rev. "Cooley" Fletcher are a reminder of the rapid passing of those that had part in the early life of Indianapolis. two men were nearly of an age, the one born in 1822, the other in 1823. Both died on the same day and suddenly—of heart disease and apoplexy. Both were natives of Indiana; Mr. Fletcher, a member of one of the two first families of that name, so early identified with Indianapolis and so prominently and honorably connected with its life. Both belonged to the 'second generation,' coming into the life of the town as the efforts and activity of its founders were passing away. Mr. Fletcher had little part in the community's life in his later years. He lived much abroad in many countries as a public servant and in a private capacity, while his last years were spent in California. But visits now and again and the ties of kinship kept for him still a place in memory and the recollection of him is unsullied. 'He wore the white flower of a blameless life.' His best sermon and noblest exposition of the truths to which he devoted himself was his own pure life, his own cheerful pres-Dr. Woodburn coming to Indianapolis a half a century ago a young physician early acquired a reputation that won the confidence of the community, personal and professional. Here he lived constantly and he became a part of the life of the town-whether as the head of the State's great insane hospital here, as a

member of the City Council typical of the representative men that in early days were chosen to that body, or as a physician loved and trusted. He was skillful in his profession, a sturdy, wise conservative man in all relations, loved by those that knew him, respected by all."

#### Dr. Nelson D. Gaddy.

SEYMOUR, IND., April 12.—Dr. Nelson D. Gaddy died very suddenly at his home in this city to-day, of heart disease. He was seventy years old and had been in the active practice of medicine for nearly fifty years. He began practice at Weston, Jennings county, and remained there until two years ago.

Dr. Gaddy graduated from the Medical College of Ohio in 1858. He has borne an honorable part in Indiana medicine.

#### Reviews and Book Protices.

Herbert S. Stone & Company's Announcement. Herbert S. Stone & Company, of Chicago, announce that they have in preparation, and will soon issue, "A Text-Book of Special Surgery for Practitioners and Students," by Dr. Franz Koenig, translated from the seventh German edition by Dr. Arthur B. Hosmer and edited by Dr. Christian Fenger. It is the authorized translation, and will consist of three large octavo volumes, each containing in the neighborhood of three hundred illustrations. Full information in regard to the work, price, etc., can be obtained by addressing the publishers.

"The Feeding of Infants," by Dr. Joseph E. Winters, the professor of diseases of children in Cornell Medical College, New York, is a 50-page, 50-cent book, published by E. P. Dutton & Co., New York. It is a home guide for modifying cow's milk for infant feeding, and in a brief essay and series of directions makes handy for nurses, mothers and doctors, those great principles discovered by Dr. Arthur Meigs in 1882, and by Frolowsky, of Russia, in 1872, of the capacity of the stomach of infants at different ages. The author is an advocate of, first, pure raw cow's milk, quoting Forcheimer at the American Ped. Society, 1899: "Our ideal

the future will be milk." Pasteurization will not make infected milk pure nor stale milk fresh. The author cites Prof. Chittenden of Yale, and Prof. Leeds of the Stevens Institute, and other chemists, to show that repeated analyses prove that every infant food on the market is deficient in fat, milk, sugar and albuminoids. The author states what all the world knows, that well born breastfed infants do not sicken and die the first year; that bottle-fed infants in institutions and tenements nearly all die the first year (60 to 90 per cent. in the Berlin Charity Hospital).

In Germany, if a child under a year dies, the death return must show the mode of feeding. The records show that only 8 per cent. die on mothers' milk, and 51 per cent. on artificial foods. Such little books as this—and a similar one we recall by Dr. F. E. Holt, to say nothing of the work of Jacobi—will save thousands of infant lives. We take pleasure in writing about

them.

Messrs. Lea Brothers & Co. have pleasure in announcing for early issue A Practical Treatise on the Blood and its Diseases, for Practitioners, Laboratory Workers and Students, by James Ewing, M. D., Professor of Pathology in Cornell University Medical College, New York.

This will be a handsome octavo volume of about 450 pages amply illustrated with

plates and engravings.

In view of the recent rapid advances in the knowledge of the pathology of the blood, and the numerous and practical applications of this knowledge in clinical diagnosis, this book representing authoritatively as it does the most modern discoveries and achievements will no doubt meet with a warm welcome. The work aims to associate changes in the blood as closely as possible with lesions in the viscera thus immensely increasing its practical value and rendering it a work for constant daily reference in the routine of every general or special practitioner.

Gould's Pocket Medical Dictionary. Published by P. Blakiston's Sons & Co., of Philadelphia. This handsome pocket or table companion contains 30,000 words—several times more than occur in the bible and more than twice as many as the

myriad-minded Shakespeare used or knew. The book opens out full; the print is large; the definitions concise; the illustrative tables abundant—indeed, it has every phase of excellence. It is the epitome of the great mass of knowledge in Gould's Illustrated Dictionary which costs \$10, and of the Student's Medical Dictionary which costs \$3.25. Every medical student should have such a book at hand while in the lecture seats. Price, \$1.00.

Degeneracy is the title of the essay sent annually by Superintendent Orpheus Everts, of the Cincinnati Sanitarium, along with the annual report of the hospital. These annual essays divested of their blue covers and stitched together would form a book of no little value. They are based on a large experience; they are timely, reflective, educative, and always optimistic. Certainly a healthy, moral and scientific atmosphere must surround the hospital which Dr. Everts superintends.

Mr. John Foster Fraser's description of "The New House of Commons," in *The Living Age* for March 16th, is particularly graphic and timely.

The Chinese question is treated briefly, from the Chinese point of view, by Taw Sein Ko, in the leading article in *The* 

Living Age for March 30th.

Mr. Meredith Townsend, whose article on "The Influence of Europe on Asia," is published in *The Living Age* for March 23d, reaches the conclusion that Europe never has exerted any influence on Asia worth mentioning, and is not likely to.

A Manual of Medicine, edited by W. H. Allchin, M. D. (London), F. R. C. P., F. R. S. Ed., Senior Physician and Lecturer on Clinical Medicine, Westminister Hospital; Examiner in Medicine in the University of London, and to the Medical Department of the Royal Navy. 12mo. cloth, pp. 380. Vol. II, 1901. Price, \$2.00. MacMillan Co., London and 66 Fifth avenue, New York, publishers.

It is rare indeed to find any medical work bearing the imprint of "MacMillan" that is not of high character. We had occasion to express our gratification on the receipt of Vol. I of this resume of the

latest and most acceptable views held by our professional brothers in the "trim little sea-girt isle" some months ago; and Vol. II of this axcellent classic so well edited by Dr. Allchin greatly increases our

delight.

This volume is a continuation of "General Diseases" began in its predecessor, and very carefully considers the diseases caused by parasites; those determined by poisons introduced into the body; primary perversions of general nutrition, and diseases of the blood.—Atlanta Medical Journal.

The International Clinic Record for 1900, published by the J. B. Lippincott Company, of Phialdelphia. In the International Clinics for 1900, or Tenth Series, were 106 articles, 194 illustrations in colors and black and white, 1,228 pages; by 102 leaders in medicine from thirteen States, six foreign countries, army and navy. It has been said the magnificent series of 1900 could not be duplicated, but the appreciation of the cordial and widespread support accorded is evidenced by the current volume, which is a marvel of cheapness at the price (\$2.00), and the publication will this year be as good as before.

The New York State Medical Association has begun the publication of an official organ, known as The New York State Journal of Medicine, and published monthly, the first appearing January 1st. The editorial offices are at 64 Madison avenue, New York. The annual volume of Transactions is superseded by this journal.

Transactions of American Dermatological Association. Twenty-fourth annual meeting, at Washington, May, 1900. Edited by Dr. Frank Hugh Montgomery, the secretary, of Chicago. There are 233 pages, 22 papers, plates, etc. This report will be of more than usual value, as it contains a full presentation of the cases of blastomycetic dermatitis, by Drs. Hyde and Montgomery, of Chicago. There is a discussion of leprosy as it occurs in the United States. It is a valuable volume. Curiously enough, just as the editor was looking over the cases of blastomycetic

disease, a new case—the nineteenth reported—came into the office. The disease had existed eighteen months and showed the yeast cells.

Tuberculosis as a Disease of the Masses and How to Combat It. Prize essay, Berlin, 1899. By S. A. Knopf, M. D., New York. Published by M. Firestack, 200 West Ninety-sixth street. New York. Price: Single copy, paper, 25 cents; single copy, cloth, 50 cents. Sent, postpaid, on receipt of stamps. To boards of health, societies, dealers, etc., in quantities, express prepaid, from 10 to 50 copies, paper, 20 cents each. Above 50 copies, paper, 15 cents each. Cloth, in quantities, 35 cents each. (Well worth reading and studying.—Ed.)

An Illustrated Dictionary of Medicine, Biology and Allied Sciences, including the pronunciation, accentuation, derivation and definition of the terms used in all the branches of medicine, and the various sciences closely related to medicine. By George M. Gould, A. M., M. D., author of "The Student's Medical Dictionary," "21,000 Medical Words pronounced and Defined." Fourth edition. Philadelphia, P. Blakiston's Son & Co., 1012 Walnut street.

Laryngeal Phthisis—Consumption of the Throat. This book is published by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, and sold for \$2. It is worth every penny of the price. There are 36

figures, 21 colored.

The author is Richard Lake, throat surgeon of the North London Hospital for Consumptives, and to other London ear and throat hospitals. The book is purely a practical one to work by. In treatment the author commends the use of formalin as first used by Solis Cohen—; to 4 per cent. of the commercial product. He has a good word for orthoform as an anæsthetic; it is non-toxic; the anæsthesia lasts long, twelve to twenty-four hours; it is useless unless there is a breach in the mucosa. "When it does act, and it usually does, it is far superior to any other remedy." There is a tabular list of 329 cases, which is a marvel of good records representing an enormous amount of work.

The nose and throat man who buys this book will rejoice that there is so little of it. Lowell said of Gray that he passed down to posterity with the thinnest volume under his arm of any of the English poets—but he passed. Most of the special treatises are too large. A. W. B.

Pulmonary Consumption, Pneumonia and Allied Diseases of the Lungs; Their Pathology, Treatment Etiology,Physical Diagnosis. By Thomas Mays, M. D., Professor of Diseases of the Chest in the Philadelphia Polyclinic. Illustrated; 540 pages. No. 300. E. B. Treat & Co., 241-243 West Twenty-third street, New York. Prefaced February, 1901. The author regards phthisis primarily a neurosis; the lung destruction being secondary. The remedial agents must act through the nervous system. Silver nitrate by the needle over the vagi is of special value. Acute pneumonia and other acute lung diseases are closely related to disorder of the nervous system.

This is a guarded, conservatively written work. Dr. Mays is well known to readers of serial literature. Whatever notions he may have as indicated in the preface, his experience is large and his individual work thorough and helpful. We shall ask Dr. Theodore Potter to give the work careful consideration.

The Medical News Pocket Formulary, new (3d) Edition. Containing 1,700 prescriptions representing the latest and most approved methods of administering remedial agents. By E. Quin Thornton, M. D., Demonstrator of Therapeutics, Pharmacy and Materia Medica in the Jefferson Medical College, Philadelphia. New (3d) edition, carefully revised to date of issue. In one wallet-shaped volume, strongly bound in leather, with pocket and pencil. Price, \$1.50 net. Lea Brothers & Co., Philadelphia and New York, 1901.

Books of this description have a legitimate field of usefulness. The best informed practitioner may at times forget an appropriate drug or a happy combination. The treatment of disease will often be more successful if the physician has at hand the collective experience of the leaders in the profession.

The prescriptions, of which there are

over seventeen hundred, are arranged alphabetically under the various diseases. The rapid exhaustion of the first edition has given its author an opportunity to revise his work carefully and thoroughly, bringing it to the present date and adding all the newer drugs which have been proved worthy of use.

A System of Practical Therapeuvics. By eminent American and foreign authorities. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics, Jefferson Medical College; Physician to Jefferson College Hospital, etc., Philadelphia. New (2d) edition, thoroughly revised. In three handsome octavo volumes, containing 2593 pages, with 427 engravings, and 26 full-page colored plates. Per volume, cloth, \$5.00 net; leather, \$6.00 net; half morocco, \$7.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1901.

No part of medicine is developing so fast as the apex—the end, aim and object of it all—namely, the best thing to be done, or practical therapeutics, whether non-medicinal means are to be employed or medicines in their best combinations. This work covers all and tells all in the best and plainest manner, with full details and prescriptions for all contingencies. The advances aforesaid are represented to the latest date in this new edition, which is well worth its value to owners of its predecessor and is indispensable to all who would be thoroughly equipped with authoritative guide and complete reference book on practical medicine.

The surgical volume tells the general practitioner how to do and perform everything in a surgical way that he is likely to meet and how to conduct post-operative treatment in cases which have required a surgical specialist. Rich and instructive engravings and colored plates are introduced to illuminate the text whenever desirable.

Contents of Volume III:

Anæsthesia and Anæsthetics (new). By Charles Lester Leonard, M. D.

Surgical Technique (new). By Charles H. Frazier, M. D.

The Treatment of Fractures and Dislo-

cations (new). By Henry R. Wharton, M. D.

Minor Surgery and Bandaging (new).

By George W. Spencer, M. D.

Cerebral Concussion and Shock. By Joseph Ranshoff, M. D., F. R. C. S., Eng. Pleural Effusion and Empyema; Ab-

scess and Gangrene of the Lung. By A.

J. McCosh, M. D.

Peritonitis, Non-Operative and Post-Operative, Appendicitis, Paratyphlitic Abscess, and Obstruction of the Bowels. By George Ryerson Fowler, M. D.

Obstruction of the Intestines. By Ed-

ward Martin, M. D.

Diseases of the Rectum and Anus. By

Joseph M. Mathews, M. D.

Therapeutics of the Male Genito-Urinary Tract. By William T. Belfield, M. D.

Therapeutics of the Genito-Urinary Diseases of Women. By Edward E. Montgomery, M. D.

Therapeutics of Pregnancy, Parturition, and the Puerperal State (new). By Edward P. Davis, A. M., M. D.

Diseases of the Eye and their Treatment by the General Practitioner. By Casey A. Wood, M. D.

Diseases of the Ear and their Treatment by the General Practitioner. By S. MacCuen Smith, M. D.

Diseases of the Nasal Chambers and Associated Affections. By E. Fletcher Ingals, M. D.

Diseases of the Uvula, the Pharynx and Larynx. By D. Braden Kyle, M. D.

#### Things Received.

Trade pamphlets highly illustrated and beautifully printed are sent to the physicians in editions of from 20,000 to 100,-We have received this month "The Petroleum Idea," Vol II, No. 5, with cut of DaCosta, numerous jokes and the advocacy of Angier's Petroleum Emulsion. Also Merck's Digest, No. 24, advocating Dionin as a cough sedative, analysic, etc. Also Johnson & Johnson send out Red Cross Notes, with essays on Emplastographia; Closing Wounds Without Sutures. The adhesive traction straps are highly illustrated. Also from the Tilden Company a book on their Liquid Antipyretic, and Firwein.

Pharmaceutical Preparations of the Upjohn Pill and Granule Company; price-list. March, 1901. Listerine pamph-

let of the Lambert Pharmacy Company of St. Louis. Vichey and its Medicinal Properties.

#### Under the Knife.

#### BEFORE.

Behold me waiting—waiting for the knife,
A little while, and at a leap I storm
The thick, sweet mystery of chloroform,
The drunken dark, the death-in-life.
The gods are good to me: I have no wife,
No innocent child, to think of as I near
The fateful minute, nothing all-too dear
Unmans me for my bout of passive strife.
Yet I am tremulous and a trifle sick,
And, face to face with chance, I shrink a little;
My hopes are strong, my will is something
weak.

Here comes the basket? Thank you. I am ready.

But, gentlemen my porters, life is brittle. You carry Cæsar and his fortunes—steady!

#### AFTER.

Like as a flamelet blanketed in smoke,
So through the anaesthetic shows my life;
So flashes and so fades my thought, at strifeWith the strong stupor that I heave and choke
And sicken at, it is so foully sweet.
Faces look strange from space—and disappear.
Far voices, sudden loud, offend my ear—
And hush as sudden. Then my senses fleet:
All was a blank, save for this dull, new pain
That grinds my leg and foot; and brokenly
Time and the place glimpse on to me again;
And, unsurprised, out of uncertainty,
I wake—relapsing—somewhat faint and fain,
To an immense, complacent dreamy.
—William Ernest Henley.

#### Ingrowing Toe-nail.

For that very painful affection, ingrowing toe-nail, the following treatment is very strongly recommended by Dr. Kinsman in the Columbus Medical Journal:

1. Remove all pressure from nail by cutting away a piece of the shoe.

2. Disinfect with hydrogen dioxide until no more "foam" appears.

3. Apply a drop of strong solution of cocaine in the base of the ulcer.

4. Apply a drop of Monsell's solution to the ulcer, then cover loosely with gauze. Repeat this process every second day until the edge of the nail is released by the retraction of the hypertrophied tissue. The patient suffers no pain from the application, and all pain has disappeared the second day. The cure is effected in a week or two without inconvenience or interference with business.

No. 12. Vol. XIX.

INDIANAPOLIS, JUNE, 1901.

Price, \$1.00 a Year Whole No. 228,

#### CONTENTS.

#### Miscellany.

#### Reviews and Book Notices.

Entered at the Post Office at Indianapolis, Ind., as second-class matter.

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## Indiana Medical Journal.

Vol. XIX.

INDIANAPOLIS, JUNE, 1901.

No. 12.

#### Addresses and Original Communications.

## THE RADICAL CURE FOR CHRONIC SUPPURATIVE OTITIS MEDIA.\*

BY L. C. CLINE, M. D., INDIANAPOLIS, Professor of Laryngology, Rhinology and Otology in the Medical College of Indiana.

The subject of chronic tympanic otorhea is not only of vital importance to the otologist, but to all who practice medicine and surgery. The great diversity of opinions of observers concerning measures of relief of these pathological conditions are sufficient to cause the inexperienced to falter and hesitate as to what to do.

Dr. Frank Alfort, of Chicago, in a recent paper on this subject, classifies the profession into three groups: the extremely conservative, conservative and radicals.

The ultra-conservatives are those who resort to the simpler methods of cleansing by syringing or douching and insufflation of drugs, together with the milder surgical procedure, such as slight curetments and the removal of polypi, etc., hoping by these means that nature's forces will assert themselves and help them out. They also believe and advise that so long as the patient is in a fair state of health and able to be around, that no radical interference, such as extensive tympanic curetments, ossiculectomies, etc., are warrantable, and the only indication for an operation is extension to and involvement of the mastoid cells. The conservatives, who constitute the greater majority, are those who follow for months and perhaps for years, the ordinary treatment as above indicated, together with attention to the nose and naso-pharynx, relieving such obstructions and reflex disturbances as

\*Read before the Marion County Society in Indianapolis, April 18, 1901. may exist in these regions. After all these attentions, together with tympanic curetment, attic syringing and insufflation of powders, many of the cases continue with but slight or no abatement, with perhaps complete destruction of the contents of the tympanic cavity.

The general practice is not to advise a mastoid operation until all other methods have been persistently tried and failed, and not then, unless the mastoid shows

symptoms of improvement.

The radicals are those who do not believe in wasting time with the various plans of treatment, but after three or four months of unavailing effort, chronicity having been established, they open the mastoid antrum and tympanum. They believe that an effort should be made to save the ossicles, and their physiological functions at least to a fair degree, and the only way to do this is by an early radical operation. They view the mastoid antrum as an anatomical extension of the tympanic attic and that the antrum is usually involved in chronic suppuration of the attic and is entirely out of reach and incurable by tympanic treatment. believe that necrosed bone in these regions should be treated by thorough curetment and drainage, as in other parts of the

Surgeons do not hesitate to open the abdominal cavity for diagnostic purposes. I believe that otologists should not deny themselves the same privilege when there is the slightest evidence of antrum or mastoid involvement.

When we investigate the opinions of those who speak to us as authority on chronic suppuration of the middle ear and note the diversity of opinions as to the methods pursued to effect a cure, we cannot but realize that otology has not kept pace with other lines of surgery, which is, perhaps, due to the fact that the profes-

sion as a body is not yet ready to accept the radical operation without waiting for the extreme symptoms to develop. It is on account of this lack of harmony or unanimity of opinion that I appeal to the profession at large to support the otologists in their effort to advance the surgery of the ear to its proper place along with coworkers in other lines of surgery.

Under the head of radical operation, we have the choice of two procedures, viz.: Ossiculectomy and the more radical mastoid antrum operation. Some aurists take the ground that a patient should be given at least one year's treatment before any operative means are instituted: then, if there is no improvement, ossiculectomy with thorough curetment, followed possibly later with the more radical operation, especially if brain or mastoid symptoms supervene; or, if granulations recur or the discharge continues flaky and fetid after prolonged syringing, showing caries of the antrum and posterior attic walls. Others again shorten the period of treatment to two or three months, when, if the discharge continues, they advise ossiculectomy and curetment, or possibly the more radical mastoid antrum operation. In the event of necrosis of the walls of the attic and ossicles, they can be curetted, or removed at the same time. The parts in all directions can be investigated, pathological conditions removed and pyogenic extensions prevented. With the cavities made aseptic, there is reasonable hope that the case will be speedily cured.

Macewen insists that "When a pyogenic lesion exists in the middle ear, or adnexa, which is either not accessible or which cannot be effectually eradicated through the external ear, the mastoidantrum and cells ought to be opened."

Stacke believes that ossiculectomy is a mistake, because it destroys all ossicular aids to hearing, whereas in many cases the ossicles and their functions, in a measure at least, can be saved by the mastoid operation. Therefore, he advocates the radical post-aural operation as soon as the discharge becomes chronic, thereby securing the patient against cranial complications. As to whether treatment or an operation should be confined to the tympanic cavity, depends on our belief as to whether or not the antrum is involved. If the disease is confined to the attic, free drain-

age, attic syringing, insufflations, curetting and possibly ossiculectomy will in the majority of cases effect a cure. Stacke, as the leader of the radicals, believes that as soon as the discharge becomes chronic, a post-aural operation should be performed without hesitation, thereby hoping to save the ossicles and a fair degree of hearing. The conservatives are inclined to wait for mastoid and other symptoms before advising operation, although the supporters of this view are growing less.

Dench does the radical mastoid operation more frequently and with less hesitation than formerly. He shows a record of 64 per cent. of cases cured by the postaural to 58 per cent. of ossiculectomy. He insists that the operation is absolutely free from danger, so far as the operation itself is concerned, so long as skill and the strictest antiseptic precautions are observed.

Knapp does very few intra-tympanic operations, and is more and more inclined to the mastoid operation, especially in diabetic, tubercular and syphilitic patients. The vault of the tympanic and mastoid antrum are in direct relation above to the middle cranial fossa; hence, any inflammatory product that gains admission through the roof has easy access to the medulla along the upper surface of the petrous portion of the temporal bone. The mastoid cells are also in close proximity to the cerebral and cerebellar fossa, hence it is that mastoid inflammations are so prone to involve these regions. Is there any guide by which we can positively diagnose antral and mastoid disease in the absence of marked symptoms? There is no positive guide, but a persistent foul discharge continuing in spite of proper local treatment is strong presumptive evidence, especially when accompanied with recurrent granulations and necrosis. Shrapnell's membrane or the posterior superior quadrant is perforated and the upper and posterior wall of the external auditory canal is red, sensitive and bulging near the drum membrane, and when the streptococcus or tubular bacilli found in the discharge, there is a strong probability of antrum and mastoid involvement. A fetid smell shows pus retention, and as long as drainage is blocked by foul pus, recovery is impossible. When the attic is obstructed by granulations and inflammatory adhesions surrounding carious ossicles, ossiculectomy should be performed. If the antrum walls become necrotic with cholsteatomatous masses, nothing short of the more radical mastoid operation will suffice to cure the case.

The great number of patients that formerly died with inflammation of the bowels we now know died with appendicitis. We also know that many who are reported to die with brain fever die of infection from the middle ear.

"Brain fever, like inflammation of the bowels, covers a multitude of evils."

The following case will illustrate the radical operation: Through the courtesy of Dr. H. E. Laymon, Mr. S. R., age 42, was examined and sent to the hospital on October 11, 1900. He had a profuse discharge from the left ear, which had existed for eight months following the grippe. He had been persistently treated by the various methods with little or no benefit; during the last three months he had suffered with a constant pain in the post-temporal region, at a point two inches above the back of the auricle. The drum membrane had a good-sized perforation in the posterior superior quadrant, there was a tenderness and bulging of the posterior superior canal wall, which led me to believe the antrum was involved.

There was no pain or soreness nor anvthing, in fact, that would indicate extension into the mastoid cells. I did the radical mastoid operation the next day (October 12th), extending the opening wall up to the antrum with a scoop. This was followed by a free discharge of sanguinous pus, and the pain was at once relieved. The wound was left partly open, with a gauze drainage left in situ. After ten days in the hospital, he returned home. The treatment continued by his physician was the occasional use of peroxide of hydrogen and antiseptic syringing, which would pass through the antrum, tympanic cavity and into the nasopharynx, and also through the auditory canal. The discharge gradually decreased until the middle of December, when he was discharged cured. He has remained well up to this time, four and a half months. Quoting from a recent letter from his physician, which says, "April 18, 1901, Mr. S. R. is perfectly well, no pain or discharge, can hear a watch fourteen inches. Suffers no inconvenience whatever from the ear." Had not something radical been done for this patient, it would doubtless have proved disastrous to his hearing, and perhaps to the patient himself by extension to the cranial cavity.

It is not my object in this brief paper to consider the technique of these operations, as they are fully discussed in our text-books, but, if possible, direct attention to and awaken a greater interest in these advanced cases of chronic otorhœa and to appeal to the profession to support the aurists in their effort to not only save these patients from an untimely death by cerebral complications, but to preserve them a good degree of hearing as well.

#### REPORT AND HISTOLOGICAL STUDY OF A CASE OF SO-CALLED PLEURO-GENOUS PNEUMONIA.

From the Pathological Laboratory Central Hospital for the Insane, Indianapolis.

BY W. C. WHITE, M. B., PATHOLOGIST.

In reporting the following cases, it is desired to direct the attention to the following points:

(a) The great thickness of the pleura.

(b) The character of this thickening and of the fibrous bands running through the lung.

(c) The types of cells in the pleura

na lung.

(d) The service which the elastic fibre layer yields in marking off the original pleural layer from the newly-formed tissue.

Clinical history Dr. Pettijohn:

Mary A—, age 41 years, white, domestic, psychosis on admission, acute mania, at death, secondary dementia.

As the present study does not refer to the psychical condition, this portion of her history will be omitted.

In 1898, she was placed in the sick ward of the hospital with a diagnosis of pulmonary tuberculosis; she was wasted, suffering from anorexia, cough, and had considerable expectoration; there was no examination made of her sputum at this time, but the examination of her chest revealed dullness over the upper left lung, and also a marked friction rub here.

In the spring and summer of 1990, she had repeated attacks of diarrhoa, which

could not be checked. She has been confined to her bed since early summer, feeding herself in bed and then rising and going to the bath-room for a drink and then returning to her bed; she has had, also, retention of urine, requiring catheterization several times.

Physical condition one month before

death:

Fingers and toes hippocratic in character, body greatly emaciated, face pinched and eyes sunken.

Chest—Dullness over the whole left

lung anteriorly and posteriorly.

Right lung—Numerous rales in upper portion, dullness at apex and friction sounds.

On the morning of her death, she rose as usual to go to the dining room for her drink, and was seen to fall suddenly; she was raised at once and placed upon the bed, but succumbed before the doctor could reach her. Nothing abnormal was noticed at the time, except her extreme cyanosis.

Diagnosis—Fibroid tuberculosis.

Death—January 11, 1901, 7:20 A. M.

Autopsy—January 12, 1901, 10:25 A. M.

Extracts from autopsy notes:

Body very emaciated, rigor and livor mortis marked, 4 decubiti; fingers and toes clubbed; muscles much atrophied.

Heart—Apex 5th I. S. 12 cms. from the middle line; surface-fat abundant. Weight, 320 grms.

Tricuspied valves margins thickened,

circ. 111 cms.

Pulmonary valves normal, circ. 7½ cms. Aortic valve anterior cusp has a calcified nodule in its substance, circ. 8 cms.

Mitral valve edges much thickened, circ. 7 cms.

Aorta has numerous patches of atheroma; right coronary shows commencing atheroma and left coronary advanced atheroma.

Bronchial glands much enlarged; trachea injected.

Abdomen—Liver 27 by 21 by 5½ cms.; weight, 1,270 grms; capsule strips readily; centers of lobules pale, outer portions dark brown. Substance firm and apparently normal. The left lobe has a tongue-like projection extending downwards into the abdomen measuring 6½ by 7½ cms.

Kidneys-Weight of each, 135 grms;

par., 2½ cms.; thick cortex, 5 cms. thick; surface smooth; capsule not adherent; glomeruli and markings distinct.

Spleen—15 by 8 by 3 cms.; red in color, firm, and malpighian corpuscles are plain-

y seer

Æsophagus, stomach and duodenum normal.

Bile and pancreatic ducts patent. Pancreas normal.

Large intestine—One small ulcer with inflammatory zone around it 6 inches from the caput coli.

Bladder—Wall 7 mm. in thickness, mucosa dark red, with a number of hemorrhagic areas; trigonum deeply injected.

Other organs and nervous system

showed no microscopical change.

Right lung—Weight, 720 grms. This lung extended across the middle line of the body a distance of 6.5 cms. to the left of the middle line. There were firm fibrous pleural adhesions over the posterior and diaphragmatic aspects. The lung was very voluminous and emphysematous, and on removing it, a large quantity of purulent fluid escaped from its bronchus. There were several depressed scars and calcareous nodules at its upper apex. On section, the apex of the upper lobe presents a number of firm fibrous bands, and from all the bronchioles pus can be expressed.

Left lung—On opening the left pleural cavity and removing the sternum, there is found under the surface of this bone and the left fourth, fifth and sixth left costal cartilages a thick deposit of fibrino-purulent material. The visceral and parietal pleure are firmly attached to one another and form a very thick layer, which cannot be separated. On tearing away the double layer from the thoracic wall, a large cavity in the lower outer portion over the lower lobe was opened into. From the opening made here, 400 cc. of pus escaped into and was collected from the pleural cavity.

On removal, the visceral and parietal pleuræ were found to be firmly bound together by dense thick fibrous bands, measuring up to 2 cms. in diameter and giving the whole a coarse, honey-combed appearance, the spaces of which were filled with the thick yellow pus. In places where the two pleuræ are in contact, they measure up to 1 cm. in thickness, but where separated, each layer, visceral and

parietal, measures 3 to 4 mm. in thickness. The lung is firm, quite airless, sinks in water, and with its pleura weighs 1,360 grms., i. e., within 40 grms. twice as heavy



as the lung of the opposite side. On section it is iron grav in color, mottled with numerous areas of black pigment. In the apex of the upper lobe, there is a large cavity, with many bay-like projections; this cavity with 4 cms. in diameter, and almost entirely walled off from the lung tissue by a dense fibrous capsule; still from one or two of the bay-like projections it communicates with the inter-pleural space.

At the base of the lower lobe and running parallel with the diaphragm which was removed with the lung, there is a dense area of complete fibrosis (A Fig. 1) 1.5 to 2 cms. in thickness, and extending through the whole of the base of the lobe. Running through the lung above this from pleura to root is another dense fibrous band seen at different levels and apparently parallel to the band at the base, and measuring 1 cm. in thickness. (B, Fig. This band is seen through the lung at different levels in longitudinal section, and is evidently the much thickened interlobar pleura and not fibrous bands growing into the lung tissue from the pleura, as has been described: in fact, all the dense

fibrous bands, as will be shown below, belong exclusively to the pleura.

The bacteriological examination:

Smears from the pleural exudate showed no tubercle bacilli but multitudes

of staphylo and streptococci.

Cultures from the heart's blood, pericardial fluid, kidney, liver and spleen and pleural exudate were all negative; why the last grew no colonies is not clear—possibly the medium was too hot.

Microscopical examination:

Liver—Fatty degeneration and pigmentation.

Kidney—Parenchymatous degeneration and slight amyloid change.

Bladder wall—Chronic inflammation.

Arteries-General sclerosis.

Bronchial Glands—Foreign pigment and tuberculosis.

Right lung—Emphysema and tuberculosis.

In studying the left pleura and lung, portions were taken from the basal fibrous band and adjacent lung at (A, Fig. 1) and from the pleura and adjacent lung at (C, Fig. 1).

Sections from these areas were stained

by the following:

Weigert's elastic fibre stain; Mallory's connective tissue stain; Van Gieson's stain; hæmatoxylin and eosin; eosin and alkaline methylene blue, and Ehrlich's triacid stain.

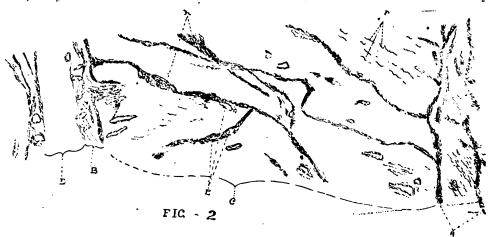
Weigert E. F. preparation—In this section, just outside the lung tissue (L, Fig. 2) and sharply dividing the lung from the tissue beyond it is a double layer of fine elastic fibrils (A, Fig. 2) which marks the site of the original visceral pleura; between this and a section cross layer of elastic fibrils, which runs parallel to it (B, Fig. 2) (and this second layer marks the parietal pleura) is a wide area (C, Fig. 2), through which run in different directions a number of strands or bundles of exceedingly fine elastic fibres (H, Fig. 2); these bundles form here a coarse net-work in the openings of which lie masses of fibrin undergoing or having undergone fibrosis. These elastic fibrils are embedded in wider bands of white fibrous tissue, which also carry numerous larger and smaller blood-vessels (E, Fig. 2), but neither the blood-vessels nor the elastic fibrils are confined to the fibrous bands, for many vessels are found lying separately in the fibrinous masses and numerous delicate elastic fibrils are found wandering away from the blood-vessels and away from the fibrous strands (F, Fig. 2). For the most part, the elastic tissue fibrils in this area are much finer than those in either the inner or outer layers, i. e. (A and B, Fig. 2). Outside of the parietal pleura, is the diaphragm (D, Fig. 2), and outside of this again the peritoneum (P, Fig. 2).

The sections stained by Mallory's method showed the same general outline as the above, only that the blue-stained white

sue are interposed between the cells, so that in some places each cell has its own connective tissue compartment; and in the fibrinous masses the connective tissue is not confined to the vessels, but multitudes of the fine fibres have wandered some distance away from their origin, among the shreds of fibrin.

The following types of cells were found in the fibrinous masses:

1. Cells three or four times as large as a red blood cell, their protoplasm nongranular, their neuclei irregular or at times only indented and in the hæmatoxy-



fibrous tissue marked the boundaries, instead of the elastic tissue. There were the same two cross parallel bands marking the visceral and parietal pleuræ, and between these, at more or less right angles, the fibrous bands carrying the blood-vessels and the elastic tissue. The interspaces mapped out by the second bands are filled by the red-stained masses of fibrin, which in many cases have been almost replaced by blue-stained connective tissue fibrils. This is apparently a true invasion of the fibrin, first by capillaries, and then by connective tissue, for these always grow less as one passes from the fibrous bands toward the center of the fibrinous masses. It is very noticeable that the connective tissue always accompanies and has for its center a newly-formed capillary.

These fibrinous masses are also infiltrated with the cells of different types, which will be described below. The fibrous strands are also densely infiltrated with cells, and in these areas of cellular infiltration, fine fibrils of white fibrous tislin eosin preparations containing numerous peripheral chromatin granules.

- 2. A number of plasma cells.
- 3. Several mastzellen.
- 4. A fair number of lymphocytes, polymorphoneuclear leucocytes and eosin-ophiles.
- 5. Numerous phagocytic cells. These were large circular or oval cells, with peripheral crescentic neuclei. The inclusions in these were red blood cells, lymphocytes or neuclear remains.
- 6. A large number of cells which could not be distinguished from endothelial cells. These were oval in shape, with clear protoplasm and large pale neuclei, also oval, and containing numerous very fine granules and no definite chromatin net-work.

7. Connective tissue corpuscles with fibrils running off from either end.

All changes in shape were found between cell No. 6 and the connective tissue corpuscle No. 7, and in some of the capillary walls in the fibrinous masses

the endothelial cells were found undergoing division, and in one instance the neucleus was elongated and an almost complete central constriction had occurred. As the capillaries were approached, this type of cell increased in number, as did also the connective tissue, and as the larger fibrous bands were approached, the new capillaries were much more abundant. In the fibrous bands there were many areas of dense cellular infiltration, and these cells were mainly of the lymphoid type, but scattered among them were many con-

The alveoli themselves were filled or partially filled with cells of the following types:

1. Epithelial cells, usually much swollen, with clear refractile, or vacuolated, or slightly granular protoplasm and containing round neuclei or double neuclei or very pale neuclei or at times no neuclei at all, and then remaining only as the shadows of epithelial cells, and frequently there were groups of these shadows crowded together in an alveolus, with a quantity of granular debris.



Fig. 3.

nective tissue corpuscles, phagocytic cells

and lymphocytes.

In the two outside layers, which indicate the pleure, there are numerous large blood-vessels, around which there is an abundance of lymphoid cells, and from these two fibrous layers the other fibrous bands and blood-vessels seem to have their origin.

In sections taken from (C, Fig. 1), the pleura did not differ in cells or in struc-

ture from that described above.

In the lung adjacent to these sections of the pleura, the elastic tissue was very abundant in the alveolar walls and around the blood-vessels, but here had quite a different distribution from that in the pleura above, and here the fibrils were much thicker. The alveolar walls were thickened and infiltrated with cells, mainly of the lymphoid variety. 2. Large phagocytic cells with polar, granular neuclei, and inclusions of red blood cells, lymphocytes, neuclear debris and foreign pigment.

3. A few plasma cells and mast cells

and a few lymphoid cells.

5. Numerous red blood corpuscles.

6. A number of lymphocytes, polymorphoneuclear leucocytes and cosinophiles.

Around the blood-vessels and bronchioles are areas of dense cellular infiltration, the most abundant type of cell here being the lymphoid cell, intermingled, however, with connective tissue cells, red blood cells, phagocytes, lymphocytes and endothelial cells. In among all of these cells, whether lying in the alveoli or around the vessels and bronchioles, are found fine white fibrous tissue fibres, showing excellently with Mallory's stain, and

in places each cell has its own compartment.

Conclusion 1. The sudden death was most likely caused by the sudden rupture of the purulent fluid into the trachea, since in removing the right lung quantities of pus flowed from the trachea and the

right bronchus.

2. The thickening of the pleura is formed by the following process: (a) The deposit of fibrin between and uniting the two pleuræ; (b) the growth into this of new capillaries from the vessels of the pleuræ; (c) the infiltration of the fibrinous masses with cells derived from the vessels or the vessel walls, and the formation by part of these cells of connective tissue resulting finally in the fibrosis of the fibrinous deposit.

3. Accompanying the growth of new capillaries, there is an abundant new formation of elastic tissue fibrils, which are not confined to the vessel walls but are found also among the shreds of fibrin

where fibrosis is going on.

4. The arrangement of the elastic fibre layers serves to mark the pleuræ off from the adjacent lung and intervening fibrin-

ous deposit.

5. The lung changes consist in (a) the filling of the alveoli with cellular elements and fibrin, and (b) the later growth from the alveolar walls of connective tissue fibrils among these cells with resulting organization; (c) very dense infiltrations around the vessels and bronchioles, with a growth of new capillaries among the same, from which proceeds fibrosis, soon involving the whole mass.

## TWINS AS RELATED TO OBSTETRIC PROCEDURES.\*

BY HUGH A. COWING, M. D., MUNCIE, IND.

Twin pregnancy is an anomaly from the date of conception until delivery is completed. It is true that twin labors are usually easy and uncomplicated (75 per cent.), but complications are more frequent than in single labors.

Through the courtesy of Dr. H. P. Franks, of Losantville, Ind., I report three cases of twins which he attended in

two consecutive days:

September 16, 1879, Mrs. J. T. Multi-

para. First child female, born at 12 M-Second, male, born at 2 P. M. Both lived.

September 17, 1879, Mrs. E. D. Multipara, first child male, born at 9:30 A. M. Second, female, born at 10 A. M. Both alive, but died in a few weeks.

alive, but died in a few weeks.

September 17, 1879, Mrs. H. P. F., third labor. Male and female. Born at 8:30 p. m. But few minutes' interval between births. Both alive, but died in a few weeks.

In my own limited experience of eleven years, with five hundred labors, I am ableto record a double transverse twin delivery, which birth statistics report as occurring but once in 36,000 births.

Twin births occur about once in every 80 labors. According to Veit, the records of thirteen million births in Prussia show that twins occur once in 88 births. Bohemia, twins occur once in about 60 births. In France, only one in about every The Board of Health rec-100 births. ords in New York and Philadelphia place the frequency of twin births at one in every 120 births. The latter ratio is duplicated in the birth records of my own county—Delaware County, Indianawhere from January, 1882, to March, 1901, there were 11,979 children recorded, and 100 plural births, making the ratio of one twin birth in about every 120 labors.

Most commonly twins are of different sex; male twins next frequent, and twofemales rarest.

One twin pregnancy predisposes to a recurrence. Heredity and individual tendencies also seem to be predisposing factors. One case which I report followed within sixteen months after a previous twin delivery. The four children born to this mother are still living.

Dewees looks upon preternatural fecundity as in some instances constitutional, and adduces the case of a woman whom he knew, that five times produced twins and never had a single child; and another who thrice brought forth twins, but not consecutively.

Twin fœtuses develop either from two ova or from a single ovum with a double germ. The latter occurs when but one chorion is present. Twins lying in a single chorionic cavity have developed from a single ovum with two germs, and are always of the same sex, and are much

<sup>\*</sup>Read before the State Medical Society, at the South Bend meeting, May 15-17, 1901.

more alike than those developed from different ova. They are strikingly similar in appearance, weight and bodily structure. Twins derived from two ova may be of different or of the same sex.

Ahlfield's investigations of the production of double monsters tend to prove that twins may arise as the result of a com-

plete fission of a single germ.

Owing to the usual distension of the uterus, a twin pregnancy usually terminates prematurely. The children are usually smaller and weigh less than other Twins are rarely of children at birth. equal size, owing frequently to local causes, one fœtus preventing the other from developing. Corresponding to the disparity in the size of the fœtuses, the placentæ or the placental halves belonging to them are also unequal in size. length and thickness of the umbilical cords are often in direct proportion to the development of the children.

The fœtus born first is not always the better developed. The unequal development of the fœtuses originating in one ovum is explained in the unequal distribution of nutrition, and by the want of room. Vascular anastomosis in the placenta may result in acardia and disastrous atrophy to the weaker child through the overpowering circulatory force of the

stronger.

Because of the frequent disparity in the development of twins, it has been claimed that the two fœtuses originated at differtime—that superfecundation curred. Authorities agree that ova belonging to the same ovulation may become impregnated after different, though closely following sexual acts. Conspicuous examples of such occurrences are afforded by instances where a negress gave birth to a white and a black child. It is not admitted, however, that ova from different ovulation periods may become impregnated by widely separated sexual acts, and probably no one would assert that impregnation could again occur in an ovum with a two or three months' feetus.

An abortion may cause one fœtus to be discharged, while the other matures. More commonly the dead fœtus remains in the uterus with the living child and may at birth be found a flattened mass, lying outside the fœtal membranes (fœtus papyraceus f. compressus).

Out of 1,144 twin labors collected by Kleinwachter, Reuss and Spiegelberg, the presentations were:

Two head presentations, 562 times.

One head and one breech presentation, 363 times.

Two breech presentations, 99 times.

One head and one transverse presentation, 71 times.

One breech and one transverse presentation, 46 times.

Two transverse presentations, 4 times. Breech and transverse presentations are much more frequent than in ordinary labor. The transverse presentations are usually secondary, and mostly with the second fœtus, and, as a rule, result from the sudden escape of liquor amnii, and the large cavity of the uterus after the birth of the first child.

According to Braun, once in 90,000 labors, both feetuses may simultaneously or soon after each other descend into the pelvis. If both heads present and occupy the pelvis, the head of the second child lies in the cervical excavation of the first. Or the first head may be born, and the second head prevent further progress. This could only occur when the children are both small.

Before the birth of the first child, the diagnosis of twin pregnancy can rarely be made with perfect confidence. It frequently happens that the medical attendant has no suspicion of the presence of the second child until after the birth of the first. Then he should not fail to promptly recognize the condition. A few years ago an experienced and intelligent physician whom I know had delivered a woman in a normal birth. He had left the bedside for a few minutes, when oneof the women attendants said, "Doctor, I believe that woman is trying to have another baby." "It can't be; it can't be," hastily answered the doctor. But in a few minutes the advent of a second twin proved that his examination should have been less superficial. Upon reliable authority, I learn that a physician of many years' experience, after attending a woman in childbirth, had left the house and was returning home, when a messenger hurriedly overtook him, begging him to return to the woman, as she seemed greatly in need of him. He did so, and presently the woman was delivered of another child,

and the doctor then knew that he was dealing with a case of twins.

Although they are not to be greatly relied upon, yet some of the indications of twin pregnancy are:

1. Early and great enlargement of the

2. Unusual discomfort from this enlargement.

3. Widely distributed and strong fœtal movements.

4. Division of the uterus into two elevations, or a distant trace of two horns at the fundus.

5. Great expansion of the lower segment of the uterus, with an unstable presenting feetal part. This expansion was quite noticeable before the birth of the first child in one of my own cases (No. 3).

More important signs are:

1. With but slight amount of liquor amnii we can feel unusually many small feetal parts.

2. The recognition of two heads at opposite points of the uterus.

3. The existence of two distinct feetal heart-beats.

4. The diagnosis is certain when feetal heart sounds are heard, and the presenting child is found to be dead, or a pulseless umbilical cord is presented.

Labor is premature in 27 per cent. of twin cases, and is usually spontaneous and successful. Twin labors do not usually last longer than a single one. The second child is usually born within 15 or 20 minutes after the first, especially if there is but one bag of membranes, or if the membranes over the second child burst before the birth of the first. over 80 per cent. of the cases the interval between the birth of two children is not more than an hour. A longer delay than this indicates the likelihood of some obstruction to the birth of the second infant, or a failure of expulsive forces. If hemorrhage or eclampsia occur between the births of the two children, the mother's safety will demand an early termination of the labor. Should uterine inertia delay the birth of the second child, the question arises, at what time and in what manner shall the physician interfere and hasten labor? Many years ago Ramsbotham

"I perfectly concur with Denman in thinking that the time which it may be expedient to wait shall neither be so short as to run the risk of injuring the patient by hurry or rashness, nor so long as to increase the danger, should any exist, nor the difficulty of delivering the patient, if we should be at length obliged to use art for this purpose."

In any case of twin labor, when the first child is born and the cord ligated with a double ligature is cut, then the attendant must at once turn his attention to the second child. Any abnormality should be corrected without delay. If pains are tardy, the membranes should be ruptured in less than an hour. Ergot may be given with good results. If pains are feeble or absent, the labor may be greatly aided by turning.

Anomalous presentations in twin labors may result in extreme dystocia.

Both heads may present, one being but slightly in advance of the other, and impaction occur. Spiegelberg here advises that if there is no urgency, the course of events should be waited for, especially if the pelvis is wide and pains strong. Otherwise, the two heads should be extracted with forceps. If one child is dead, its skull should be perforated.

Rarely both children may present with pelvic extremity, either breech or feet. Serious dystocia is unlikely to occur.

If one child presents by the head and the other by the feet, both may come down together, and the two heads become locked in the pelvic entrance and canal. If possible, the child presenting by the head should be pushed back and then the child presenting by the breech should be extracted immediately, for it is in imminent danger from asphyxia. It may be possible with forceps to pull the child presenting by the head past the body of its fellow presenting by the breech. Failing in these attempts, the child presenting by the breech will almost surely have died. and there will be no pulsation in its cord. According to Hirst, it should then be decapitated.

Spiegelberg declares that the amputation of the first child is inadmissible, since the disproportion is not remedied by such a proceeding. Dr. Ferguson, of Dublin, relates a case in which the head of one child and the feet of another presented at the same time. The midwife in attendance, before he arrived, had pulled the feet down and jammed the breech and head together. The pains being very powerful, the labor was terminated naturally; the child whose head presented being expelled first, the other afterward. Ramsbotham relates that he was on one occasion sent for to assist a midwife who had been pulling at two feet which he found extended to the vulva. Although they were a right and a left, he immediately detected, by the direction of the toes, that they belonged to different bodies; by gently pushing one up, and careful traction upon the other leg, he extracted each breech from the brim of the pelvis, and both children were born living.

A resume by Hirst shows that the prognosis of twin labors is always doubtful. There are so many possible dangers for both mother and children, that multiple labors must be regarded as distinctly path-

ological.

Albuminuria in the mother is the rule in multiple pregnancies, and eclampsia is ten times more frequent than in single There is a disposition to inertia uteri during and after birth from distension of the cavity, and consequently a likelihood of post-partum hemorrhage. Some operative interference or intra-uterine manipulation is called for in about 25 per cent. of cases, and this, in addition to the frequency of kidney insufficiency predisposes to sepsis. Finally, there may be insuperable obstruction in labor if locked twins are not managed properly, and the woman may die of exhaustion or of ruptured uterus.

For the children there is greater dan-

ger than for the mother.

There is always the possibility that the development of one child at least will be seriously interfered with by the lack of room in the uterine cavity. Hydramnois of one sac and oligohydramnios of the other are not uncommon. In labor there are the frequent complications from malposition, operative interference, entanglement or of pressure upon the cords, and more rarely the engagement of both bodies in the pelvic canal.

My obstetrical note-book contains the

following reports of twin cases:

No. 1. Mrs. C. O. Age 35. Seventh labor. I arrived at the bedside at 3 A. M. Pains, which began at 1 A. M., were strong when I arrived, but not very frequent—about 20 minutes apart. Os fully dilated.

First child presented by the feet. Membranes unruptured until feet began to protrude from vulva. Pains had grown more frequent and stronger. At 4 A. M. first child was born. Tied cord with double ligature. Considerable water in the sac. and child floated very loosely. Head in left iliac region. Podalic version by external manipulation. Pains infrequent. Gave 6 grains of quinine. Stimulated uterus by kneading with the hand externally. At 6 A. M., pains returned and membranes ruptured. Breech and knee presented. Pushed knee upward and brought down foot. Aided delivery of other Pressure downward on fundus externally. Child born shortly after 6 A. M. Both placentæ were expelled in twenty minutes. Children healthy. Both males. Weighed 8 and 81 pounds. Mother did well.

No. 2. Mrs. L. Age 35. Sixth labor. Membranes over first child ruptured at 12 (noon), without pain. Arrived at 1 P. M., when pains began. Os dilated 2 inches. Child presenting by breech. Born at 1:30 P. M. Tied cord in two places. Child, male. Pains continued strong and frequent, and second child presented by breech. Born in 15 minutes. Membranes over second child unbroken when born. I ruptured membranes immediately. There was but one ond child, female. placenta, and this was expelled quickly after birth of second child. Children healthy and weighed about 6 pounds each. Mother did well.

No. 3. Mrs. M. Age 32. Third labor. Membranes ruptured without pain at 1:30 A. M. Pains began at 2 A. M. Arrived at 4:30 A. M. Os fully dilated. Arm protruding. Disinfected my hands with germicidal soap. Gave chloroform. Passed right hand up into uterus, and brought down foot. Made external pressure with left hand over uterus. Child born in few minutes—at 4:45. Tied cord Much hemorrhage from in two places. Second child presenting by arm. Again disinfecting my hands as before, I brought down foot of second child, but even with more haste, as hemorrhage was Made pressure on fundus. ond child born ten minutes after first. Tied cord and expelled the two placentae (one for each child) by Crede's method. Gave ergot. First child, male; second. female. Both healthy and weighed about 6 pounds each. Mother did well. No decided rise of temperature. Both children presented transversely in this labor. In the table given by Ramsbotham, numbering 35,743 labors, both children presented transversely in but one case.

No. 4. Mrs. W. Age 23. First labor. I arrived at 11 A. M. Woman did not know she was in labor, but thought she had la grippe pains in back. Os dilated 2 inches, and pains slight. Returned at 10 P. M. Os nearly dilated. Pains slight. Ruptured membranes. First child, vertex, and born at 11:40 P. M. I tied cord with double ligatures. Second child quickly presented by vertex, and was born 15 minutes after first. Placenta (one for the two children) was expelled in 15 min-Children both healthy, both females, and each weighed about 5½ pounds.

This woman had right bilateral hemianopsia, continuing for two weeks after confinement; and for a few days vision in the right eye was nil. Also had very severe occipital headache. Albument in urine. Vision returned. Woman did well.

No. 5. Mrs. W. Age 34. Fourth labor. Slight escape of waters at 9 p. m. on the 29th. Pains began at 10 p. m. I arrived at 2:30 A. m. on the 30th. Os fully dilated. First child, vertex. Born at 3:40 A. m. Male, 5 pounds. Tied cord with double ligature. Second child soon presented by vertex. Born at 4 A. m. Male, 6 pounds. One placenta, which was delivered in 15 minutes after birth of last child. Mother did well.

These ten children all lived and thrived except one (case 4), which succumbed to cholera infantum the summer following its birth.

#### NERVE RESECTION AS APPLIED TO THE SUPRA-ORBITAL AND NASO-LACH-RYMAL BRANCHES OF THE FIFTH PAIR.\*

BY J. O. STILLSON, M. D., INDIANAPOLIS.

The surgical procedure indicated by the above title seems to have passed out of the minds of the operators of the present day and to have been relegated to the dumpheap of technical science, so to speak, and to have been replaced by improved modern

methods which have had a tendency to draw the attention of the surgeon away from the orbit and the eye, and center his base of attack on the nasal vault as the seat of the enemy's stronghold in the vast majority of those aggressive and painful reflex neuroses which still go under the general appellation of orbital and supraorbital neuralgia. We hear much and see a great deal of optico-ciliary neuroctomy, and doubtless in many cases we meet with some very good results from this operation. The more difficult and vastly more dangerous operation for the resection of the superior cervical sympathetic has become a popular operation for the radical cure of those disorders to the visual apparatus, having for their initial cause a preponderence of intraocular pressure, and passive congestion, so to speak, in the capillary circulation which is controlled by the vaso-motor system of nerves in and about the uveal tract and ciliary body, the result of which we see in the expression of pain, more or less rapidly decreasing visual acuity, and tension of the globe. If we in our zeal sometimes allow fashion to influence us, we may be able to bring our minds readily to the adoption of an operation like optico-ciliary neurectomy, where the arguments pro and con are not so unevenly divided. The successful severance of all interconnection between both globes, so far as nerve influence goes, would afford us a plausible reason why we should prefer this operation to complete enucleation as a means to prevent sympathetic irritation and sympathetic inflammation, because the cosmetic effect is so infinitely preferable to that of enucleation or even evisceration, to say nothing of the permanent life-time burden and annoyance and expense of the prothesis.

Whether it be from prejudice or bias, or lack of popularity, or for the reason that failures have attended the resection of the branches of the fifth in the orbit, where the operation has been made on unsuitable cases, it is not in the province of this paper to determine, neither is it the purpose of the writer to champion any pet procedure of his own; but simply to call attention to a few points which seem to indicate that the resection of the supra and infra-orbital, and the ciliary connection between the fifth and the globe by the

<sup>\*</sup>Read before the Western Ophthalmologic and Oto-Laryngologic Association, at Cincinnati, O., April 11, 1901.

nasal branch, and the branch which supplies the tear gland, may, in suitable cases, yield us results which justify us in selecting this simple and easy and almost harmless procedure under certain conditions.

The primary incision is to be made with a bistoury and the dissection finished with blunt hooks or the back of the knife; usually a small plexus of vessels accompany the nerve which are to be separated, and the nerve is to be drawn slowly from the orbit, tearing it away at as great a depth as possible so as to get out the deeper portion and sever the ethmoidal connection as well as the connection with the ganglion.

The supra-orbital is so easily found that one needs not to stop to describe the technic of this operation. Usually the writer has simply cut down on the supraorbital notch and passed a strabismushook under the orbital aspect and readily found the nerve. When the notch was in the form of a foramen, he has cut out the anterior portion of the notch with bone forceps or a small chisel, and liberated the nerve so as to get out quite a quantity from the corrugator backwards, and, having seized the orbital trunk well in the orbit, made steady traction until the nerve stretched considerably before finally breaking deep in the orbit; in this way about two inches in length can be successfully The small wound is dressed antiseptically and closed with one or two small sutures, or may even be sealed up with plaster. At the end of forty-eight hours the union is complete primam.

In one case operated upon a few months ago the writer found what appeared to be two supra-orbital notches, and two nerves emerging from them, in the same subject, on one side—the side affected—while on the opposite side the orbit showed but the one supra-orbital notch. Both of these nerves seemed extremely tender to touch. The patient, a lady, had had severe supraorbital neuralgia for many months, even years. Both these trunks were attacked and from an inch and a half to two inches of the nerve trunk withdrawn from each. The part excised had the appearance of nodular irregularities and swellings along the course of the bundles, and from this appearance I concluded that there had - been in these nerves more or less neuritis,

which probably gave rise to the pain.

My first experience with resection of the supra-orbital nerve may be said to have originated in an accident. Sometimes mere trifles exercise great influence in determining the outcome of a case, and certainly this one was not an exception to that rule. It occurred ten years ago. lady, Mrs. M—, in somewhat humble circumstances, rather poorly nourished, and afflicted with one of those perennial ophthalmias, had applied to me at the City Hospital for relief every year at the beginning of my service for several years. During the three months she was under my care I found that she made some improvement, when she would pass out of my care and be seen no more until the next season. Sometimes in the intervals she would come to the office with her relapses, and they were all of the same character. The eyes were always fretful; there was much weeping, photophobia, pain and hyperæmia. The old chronic granular conjunctivitis had run its course for ten years. There was some contraction of the tarsi, and some cicatricial deposit throughout the mucosa of the lids; the pannus was never very dense; it was more of the thin nebular variety. Astringents usually toned up the conjunctivæ, and good nourishment and indoor life as a rule benefited her, and with proper attention to her bowels, which were constipated, she would usually improve; but as soon as she became sufficiently improved to leave the hospital she would relapse and for the remainder of the year spend her time between the different outdoor clinics, never cured and always suffering.

At the time mentioned I noticed a small, round, hard elevation of the size of a pea right above the supra-orbital This was exnotch of the right eye. tremely sensitive to touch. At first I took it for a small varix. But upon somewhat closer examination, and from the very great sensibility on touch, I came to the conclusion that it was a beadlike enlargement of the nerve trunk, and it seemed to be long instead of round, and extend into the canal. I advised her to have this small tumor removed, not really thinking that it had much to do with the case; but as soon as I came down upon the nerve, which it proved to be, I determined

to resect as much of the nerve as I could, and consequently took out nearly two inches of the nerve, which was enlarged, irregularly, with several nodular enlargements throughout its course. The case made an uneventful recovery—healed by first intention—and to my surprise the pain and weeping seemed to have disappeared by magic. She remained in the hospital some weeks after the operation and left in better shape than at any other previous epoch. In three months afterwards she came to my office, and I scarcely knew her; her eyes seemed to have entirely recovered; the corneæ had cleared completely, and she had no more pain and scarcely any tears. The correction of her astigmatism gave her good vision, and she has remained without any further treatment quite comfortable for now ten After that I began to look for such cases, and have made a number of such This winoperations, with happy results. ter I encountered another similar caseone where I had recommended the operation some three years ago, but which was refused. The case had passed out of my memory. She introduced herself by stating that she had come for the purpose of having her orbital nerve removed, as I had recommended. I then recalled the Upon examination 1 found this nerve, which was the right one, excruciat-The upper evebrow was ingly tender. drawn up and showed violent contraction (elevation) of the corrugator, or rather, the frontalis muscle. The side of the face participated in the spasm. She stated that she had had frontal headache and neuralgia for five years; had taken all kinds of medicines, and her physician, who telephoned me, stated that the case was a nuisance to him and had given him endless trouble, and that he had sent her with the hopes that by resecting the supraorbital nerve she might find relief. Accordingly I sent her to the hospital and operated, keeping her there two weeks. The nerve was easily found. I took out the portion above the notch up to the several divisions, and got out from a half inch to an inch of three short branches above the eye, and then cut the bony canal or foramen open with a chisel, made some stripping backwards into the orbit till about two inches of the trunk was

exposed; then with blunt forceps made traction until the nerve broke off rather deep in the socket. The case healed nicely, and so far she has had but little trouble. She now says that her eyebrow and forehead on the right side has a sensation of cold; feels numb and chilly all the time, but that she has had no more neuralgia. It would seem that in her case, also, a good result had followed the operation.

#### PEMPHIGUS VULGARIS.

BY GEORGE R. GREEN, M. D., MUNCIE, IND.

The details of this case and its early history have been furnished me by Dr. Harry R. Spickermon, who first saw it while investigating for small-pox, and, deciding that it was not this disease, turned it over to Dr. A. E. Vinton for treatment, through whose kindness I was invited to see the case and if possible make a diagnosis. The accompanying photos were taken by a druggist friend, who kindly accompanied us.

Arthur Eppard, born April 18, 1893,

Muncie, Ind.

Mother's History-Negative; had usual diseases of childhood, fair health.

Father's History—Negative, save for usual diseases of childhood; scabies when 18; has had acne for several years; denies anything venereal.

Patient's History—Had an eczematoid eruption since birth; neurotic disposition; poorly nourished; appetite had been poor previous to the disease; was in the habit of going to school minus his breakfast. Attack began with headache, fever, bad breath, loss of appetite; on last birthday coated tongue, slight corvza and insomnia. Next day regular and irregular erythematous patches appeared about the face and gradually spread over neck and shoulders; the following day (20th) eruption was noticed about the ankles; small, pinhead-sized vesicles began to develop in the center of each crythematous patch within twenty-four hours, making it unbearable to wear shoes. Urine was of high sp. gravity, contained some albumen; pulse 120; constipated; very thirsty. Vesicles rapidly enlarged, some attaining the size of a goose egg; at first transparent, containing serum, then opaque and the contents becoming sero-purulent; peculiar offensive odor. No inflammation around base of vesicles or bulke, which involved epidermis only. Smaller vesicles sprang up around the base of the larger and older ones, which had ruptured. Some of the latter became confluent, giving an irregular, wavy appearance on the edge. Ankles and insteps were completely involved, giving some pain; ankylosis set in



and still continues; soles of feet and palms of hands not yet involved. No diseased areas on scalp or mucous membranes. No sloughing or hemorrhage up to this time. The bulke break voluntarily if permitted, but on exposed areas were ruptured mechanically. The ruptured bulke become flat and wrinkled, dry up and leave brownish scabs.

Successive crops of vesicles have appeared, and the indications are that the entire surface of the body will be involved before the process is checked.

#### FORMALDEHYDE POISONING.

BY JAMES WELLBORN, M. D., EVANSVILLE, IND.

There has been but little said on this subject, probably due to the fact that formalin has not been in use many years. After treating a case of formalin poisoning, I searched the literature, but found

very few reports.

The case I have was Mrs. B——, aged 50 years. While sick from some gastric complaint, she was accidentally given a drachm of formaldehyde in about half an ounce of water, and drank about an ounce of water following. There were no immediate symptoms, more than a slight I saw the patient burning irritation. within fifteen minutes after the taking, and at once washed the stomach thoroughly. At this time there was a pallid face and a distressed and anxious expression, marked dyspnœa, radial pulse not perceptible and excruciating pain in the epigastrium. The symptoms much resembled those of carbolic acid poisoning. Strychnia in doses of grain 1-40 didn't bring the pulse up, so digitaline grain 1-100 and glonoin 1-100 were given with good results. Aromatic spirits ammonia and whisky were given and seemed to benefit respiration. The temperature dropped to 97 degrees, pulse rate about 120.

The patient was comatose about two hours and at times restless and trying to get out of bed. 'After a few hours the symptoms subsided, and in three or four days there were no symptoms at all and the patient felt as well as before the taking. There seems to have been no sequelæ.

I have since learned that ammonia in any form is the best antidote, as it forms a harmless compound — urotrophine — which is not irritable nor poisonous to the system.

Some men think that any treatment good for carbolic acid poisoning is good in these cases. For that reason I gave whisky, alcohol not being obtainable.

A helping word to one in trouble is often like a switch on a railroad track—but one inch between wreck and smooth-rolling prosperity.—H. W. Beecher.

#### In Lighter Vein.

#### TWO OF A KIND.

Jaggles—What makes you think they are searching for the unattainable?

Waggles—His wife is seeking for something to remove superfluous hair, while he is looking for a preparation to grow hair on a bald head.—Judge.

#### WELL INFORMED.

Little Willie Throop—Pa, what does the title "Dr." or "Doctor" come from, anyway?

Mr. Throop—Why, from the Latin word "Dr." or "debtor," used in making out bills, because doctors charge so much, Willie. Latin is a great language. When you wish to know anything in connection with the languages, always come to your father, Willie.—Brooklyn Eagle.

"In the voyage of life every man is provided with a skull, with which to paddle his own canoe."

There is always hope in a man that actually and earnestly works. In idleness alone is there perpetual despair.—Carlyle.

#### MEDICAL APHORISMS.

A correspondent signing himself "Artz" sends to the Canada Lancet the following professional aphorisms of Amedee Latour:

(1) Life is short, patients fastidious and the profession deceptive. (2) Practice is a field of which tact is the manure. (3) Patients are comparable to flannel neither can be quitted without danger. (4) The physician who absents himself runs the same risk as the lover who leaves his mistress; he is pretty sure to find himself supplanted. (5) Would you rid yourself of a tiresome patient, present your (6) The patient who pays his attendant is but exacting; he who does not is a despot. (7) The physician who depends upon the gratitude of his patient for his fee is like the traveler who waited upon the bank of a river until it would finish flowing that he might cross to the other side. (8) Modesty, simplicity, truthfulness!-cleansing virtues, everywhere but at the bedside; there simplicity

is construed as hesitation, modesty as want of confidence, truthfulness as impoliteness. (9) To keep within the limits of a dignified assurance without falling into the ridiculous vauntings of the boaster, constitutes the supreme talent of the physician. (10) Remember always to appear to do something—above all, when you are doing nothing. (11) With equal, and even inferior, talent, the cleanly and genteely-dressed physician has a great advantage over the untidy one.

The above are somewhat cynical, even pessimistic, but they are suggestive. At the best, one does not shape his life by aphorisms; he takes things as they come.

#### HEALTH.

"Your poetry," we ventured, "is eminently healthy!"

"It should be!" rejoined the poet, with dignity. "I am always careful to boil my Pierian spring water before drinking, or rather quaffing it!"

Here the fellow smiled not uninscrutably, and we wondered, with divers misgivings, if he were making light of the germ theory.—Detroit Journal.

Man, born of woman, is of few days and no teeth. Indeed, it would be money in his pocket sometimes if he had less of either. As for his days, he wasteth one-third of them, and as for his teeth, he has convulsions when he cuts them, and as the last one comes through, lo! the dentist is twisting the first one out, and the last end of that man's jaw is worse than the first, being full of porcelain and a roof-plate built to hold blackberry seed.—Burdett, in *Philadelphia Times*.

#### PHASES OF THE MOON.

The wife of a man named Moon, in Arkansas, presented him with a fine boy. This was a new moon. The father celebrated the event by drinking himself full. This was the full moon. When he awoke from his drunken stupor all he had left was twenty-five cents. This was the last quarter. His mother-in-law beat him over the head with a club, thus giving him a total eclipse.—Clarksville (Miss.) Banner.

## MEDICAL OURNAL.

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#### The Training of Practicing Physicians and the Training of Medical Scientists; Views of Dr. Welch of Johns Hopkins.

### Methods of the Medical College of Indiana, a School for Practicing Physicians.

In his address as President of the Association of American Physicians at the May meeting in Washington, D. C., Dr. Welch compared the opportunities enjoyed in this country by the men who desire to study the branches of scientific medicine and the opportunities open to those who desire to become proficient in clinical medicine and surgery. There are laboratories in this country that are equal to any in the world that are open to young men who have graduated and who wish to become teachers of anatomy, physiology or pathology. In these laboratories a young man must serve his apprenticeship, but his promotion is sure. In clinical medicine and in surgery, on the other hand, the only way open to men who desire to become teachers of these branches is through dispensary work and private practice. facilities at the disposal of those who desire to work in the practical branches, then, are not so good as the facilities at the disposal of those who desire to devote their life-work to the branches of scientific medicine. In other words, the training of physicians has not kept pace with the training of scientists.

Commenting on these views of Dr. Welch, Dr. Theodore Potter, Professor of Bacteriology and Principles of Medicine in the Medical College of Indiana, remarked: "Dr. Welch's views would seem to indicate that the time has come when medical college men must determine whether they will be teachers of medicine practitioners of medicine." double function will probably be long continued in our present system of medical education. Let us consider, for an example, the course of the Medical College of Indiana, which has just held its thirtyfirst annual commencement. This college has never had any endowment, except a gift from one of its honored founders, the late Dr. John S. Bobbs, recognized the world over as the "Father of Cholecystotomy," and the gift of the Lomax property, from the late Dr. William Lomax, of Marion, Ind. Dr. Bobbs' gift was for the formation of a dispensary for the city poor. These gifts, while betokening a noble spirit on the part of the donors, were not large, amounting to some ten or twelve thousand dollars, collectively. never had a penny of State endowment, although the State supports a law school, a school of pharmacy and a normal school for the education of teachers. The Medical College of Indiana has for over thirty years been absolutely self-supporting, and has proved one of the most useful, successful and efficient medical schools in the Mississippi Valley. Throughout more than half of its history, and including the last ten years, no single one of its twentyfour professors and its twenty-six lecturers, demonstrators or assistants has been paid a penny for his services, with the exception, in the present year, of slight honorariums to the directors of the anatomical, histological, pathological bacteriological laboratories, amounting to between twelve and fifteen hundred dollars. By this common sacrifice the school has accumulated real estate and furnishings which are to-day worth one hundred thousand dollars, and is now building a twenty thousand dollar addition for laboratory purposes, to be completed the present summer. This policy will be continued

indefinitely, as no member of the faculty has any personal stock or saleable interest. Any young teacher promoted to the faculty has equal ownership and controlling power with those who have been its professors for a quarter of a century. that any one of its fifty teachers receives, with the exceptions above noted, is the reflex benefit which comes by the study of medicine as a teacher, the emphasis he may give his particular line of work, and the consequent influence it may have on his private practice, and the benefit of constant association and common interest with a large and progressive body of confreres and consultants. Some of these teachers give from one-fourth to two-fifths of all their waking hours and energies to the college for six months of the year, and a considerable portion of time and work to the dispensaries and hospitals of the school throughout the entire year.

The income from tuition fees is over twenty-three thousand dollars a year, every penny of which is annually collected by the Treasurer, Dr. John Oliver, so that not a dollar of tuition money has been lost to the college the last five years. The excess of gains over the large expenditures goes to immediate betterments, as in the laboratory and dispensary building now under construction. Harmony has always been maintained in the facultythere has not been a clique or essential difference in the faculty for a score of The older professors gravely pass to the emeritus list when weary of routine teaching, though still engaged in active practice and consultant work. Such is the history of Dr. J. L. Thompson, one of the most eminent oculists in the United States, whose son, Dr. D. A. Thompson, has succeeded to the active teaching in ophthalmology; Dr. Isaac Walker, for many years Professor of Diseases of the Mind and Nervous System, and Dr. William B. Fletcher, one of the most charming and efficient teachers of physiology and mental diseases in the West. The present dean of the faculty, Dr. Henry Jameson, has been teaching in the college continuously for twenty-five years, and has occupied in succession the chairs of chemistry, obstetrics, nervous diseases and general practice, in which he excels, and is one of the leading consultants of his native State. The Secretary, Dr. George J. Cook, was the first man in the West to restrict his practice to rectal and bowel surgery, after many years as a general practitioner, surgeon and teacher of anatomy in various Louisville schools. Dr. Frank A. Morrison, an accomplished oculist and unexcelled as a demonstrator of difficult physiological problems, has been in such relations with the City Health Board as its President that he has made the most efficient and honorable use possible of the public charities in the interests of the indigent sick and of medical education.

Other men connected with the college as surgical specialists have attended the special annual meetings of national societies and have kept abreast of the special currents which collectively make up the great tide of medical and surgical progress in the State, city and college, and while they have, possibly very wisely, refrained from writing special surgical and medical treatises, have contributed papers and studies of lasting value to serial medical literature. Such are Drs. W. N. Wishard, in genito-urinary surgery; L. H. Dunning, in diseases of women; Theodore Potter, in infectious diseases; E. F. Hodges, in obstetrics; P. S. Baker and J. F. Geis, in chemistry and toxicology; E. C. Reyer, in therapeutics and nervous diseases: E. Hadley, in clinical medicine; J. N. Hurty, in hygiene and sanitary science, and L. C. Cline, in throat diseases. Dr. Frank B. Wynn, the pathologist of the college, has achieved national recognition as the founder of the Section on Pathology in the American Medical Association. has collected a medical library for Indianapolis of over 4,000 volumes, and all this without pay or tangible reward.

All of those mentioned and others have been in the faculty from ten to twenty-five years, and with others constitute a body of teachers learned in medicine, firmly knit together in purpose and harmony, and apt and experienced teachers. But no one of them draws any salary, and if resigning or dying from the faculty, he goes from the college mother naked, as are his heirs, of all its wealth and privileges. We doubt if another and similar school can be found in the United States. Working harmoniously to this common end—self-improvement and the education of its student body and the score of

younger teachers, who will in less than a decade of years take the places of those who have founded and nurtured the school through the transition stage, from the old two-term courses of five months each, assisting in the installation of the new laboratory methods and watching the dawn and full sunburst of an entirely new and revolutionary pathology-the mature leaders and teachers of the school now see as the result of their labors one of the most useful, successful and efficient medical schools of the Middle West, with a graded four-year course, ample laboratories, a student body of over 250-the largest among Indianapolis colleges-a graduate list of over 1,500, of whom nearly 1,000 are in active and successful practice, a corps of fifty teachers, furnishing and comprising the almost entire clinical staff to three large hospitals and two dis-

There are numerous colleges in the West having no State aid or wealthy endowers and connected with no great university system, such as several Eastern schools and two or three Western schools enjoy. In all of these independent medical colleges the teachers depend, as they do in the Indiana Medical College, upon the general practice of medicine and surgery for their living. Happily, these teachers are all students, otherwise they could not keep pace with modern medical They are "practicing physiteaching. cians," and by studying under the impulse of teaching many of them become "medical scientists." There are those in the Medical College of Indiana who would come up to the full measure of the term, but who make their daily bread by general practice—men to whom, like John Hunter, "medicine is wife, but science is mistress." and who reluctantly lay aside the test tube, the culture plate or scalpel to go and earn the "damned guinea."

Now, as to the consideration of the student body. They vary in age from 18 years to 40 years, and in preparation and mental grasp by even wider figures. Their purpose is to become medical practitioners rather than medical scientists. To this end their teachers must of necessity be practitioners—clinical teachers—and it will probably be many years before the line of demarkation is drawn in most of our medical schools. In medical

schools which are departments of universities both groups of teachers will work side by side, and a system of instruction will be in practice which will enable the student to complete a full course of medicine and the allied sciences in five or six years, thus sparing two or three years of study. For four years in a college of letters and science, followed by four years (or even three, if a year is saved by a premedical course) in a medical school is not as good and thorough a preparation as five or six years of study where the scientific and medical courses are in harmony.

Common schools, eight years; preparatory and high schools, four years; college course, four years; medical college, three years; hospital, one year; travel course abroad, one year, and the medical graduate is 27 years of age—an age when he should be married, settled in life and with a good practice, for in this country a physician is old at 50 and retired at 60.

One other feature is worthy of serious consideration. There are 24,000 medical students in the United States. The law students 12,000, theological 8,000, and pharmacy 4,000 just balance the students in medicine. And the 10,000 students in training schools for nurses have an influence on medical practice and are usually taught by the teachers of the medical col-Many of the pharmacy students are taught by the medical teachers also. So the college faculties have to do with the education each year of nearly 40,000 students. It is idle to expect all this enormous student body to take preparatory scientific and professional courses of eight to twelve years under university direction. The lesser schools will carry the burden of education for many years to come. There is a demand for well-educated, practical physicians, nurses and druggists for every crossroads and hamlet in the United States. But there is no demand for "medical scientists" in all of The highly trained men these places. will seek the centers of population—the county seats and great cities-where, as hospital doctors, specialists and experts of various kinds, their services will be in demand, and many of them will be starved out before they are established in cities. Their bread-and-cheese state will last a score of vears before they see cakes and ale, and by the time they grow to the rank

of wine and pie, physical strain, arterial sclerosis and premature senility will be their lot.

In the meantime their less ambitious brothers from off the farm and from the village high school have gone through the three or four years medical course in the practical medical schools and hospitals, and at the age of 22 to 25 are well launched in country practice. Their education is good enough for their business; they have time and patience to devote to their clients; they do not, in dress suit, jack an obstetric case through with forceps so they may make the club or the theater by 8:30; they are, in fact, frequently better and safer practitioners than their city confreres; they get small returns, are outdoor men, save most of their earnings and live long, happy and useful lives, keeping in active practice from 25 to 75 years of age.

We make no plea for cheap education; the best is none too good, and the simply good is ever the enemy of the best. The medical college should uphold high ideals, but should never urge minnows to be whales—it is hard to change a fish into a mammal after the fish is born, though both for a time had a pre-natal similarity.

That college does well, then, which secures the "training of the physician"; the "training of the scientist" may well be left to the ideals and ambitions of those who have had the gates set ajar by good instruction in the elements of their art in the ordinary practical medical college. The large men will break through and come to the top, college or no college, as Galton long since showed in his "Hereditary Genius."

In any case, medical education is, after all, education. As now conducted, 25,000 students are getting something out of our medical schools. Perhaps half of them will never practice. But they have gotten an insight into life no other teaching can give. They know life, its beginnings, its tendencies, its secret springs and motives, its dangers of lust and appetite, and a thousand things not taught or known in law or in theology.

Medical graduates at least should know, even in the non-university schools, what it is that saves—what it is that gives each person his motive for living, for the way of salvation is not the same for all.

For some it is virtue in the sense of sectarian piety, for others ardor for the truth as revealed in science and discovery. Others live for art's sake, some for ambition, politics, position, travel, and so on down the scale of luxury, women and wealth for wealth's sake, until in the lowest degree men live and have their pleasure in narcotics and alcohol.

Better than in any other profession our 25,000 medical students, not one in fifty of whom can hope to be medical scientists, are taught to find their recompense in virtue itself, in moderation, in renuncia-They know that human beings are neither angels or beasts, and they know also that human beings are both angels and beasts. They have learned the idleness of ambition and of strife; they should feel something of the humor and even the irony of the universe. They know they are creatures of heredity and are in the chains of environment, each the victim of his ancestors and of his own nature. But they know, too, the significance and meaning of will, and that, while will cannot break all the shackles of life, that will is a part of the life system and has to do with the course and shaping of events. For it is the will of man that has changed the face of the continents and bent to his use the forces and the elements. Such are some, at least, of the deeper knowledges which the study of medicine imparts; it is a true wisdom. And, though few can become "medical scientists"—few, indeed, are needed, for the masses soon follow and utilize what science gives—the lesser medical schools can furnish efficient practitioners, and at least can impart the best, because the most fitting, preparation for the duties and the pleasures of life.

## The South Bend Meeting of the State Medical Society.

There seems to be but one opinion as to the South Bend meeting, and that is that it was a success from every point of view, and justifies fully the new plan of holding the meeting alternately in such cities as Fort Wayne, Terre Haute, Lafayette, Anderson, Richmond, New Albany, Marion and Indianapolis. Probably the vote of the society will bring the assembly to Indianapolis every third or fourth year on account of its central location, railroad

facilities, convenient meeting place at the German House and the social and theatrical features of the capital city, with the opportunity the physicians and their wives have for sight-seeing and trading. If left to a vote of the 175 members of the Marion County Society, the peripatetic method would be indorsed, as it is much easier for the score or two score of city physicians upon whom the work falls to have a three days' outing and be the guests of another city, than to keep up their medical work at home and manage the local affairs of the society meeting at the same time.

The outside places of meeting have in every instance furnished ample and economical hotel accommodations, convenient meeting places and a variety of entertainment appropriate to the members and the Fort Wayne has a medical school, two hospitals, good hotels and one of the finest Government buildings in the West, while the newly completed Court House is a model of architectural beauty and usefulness. It is the finest in the West and only comparable in its classic simplicity with the State House in Indianapolis. The Allen County Society members are to the manner born as hosts and entertainers, and no one will regret an invitation from them within a year or

Terre Haute has endowed schools and is easily accessible. The society met a warm welcome and had an excellent meeting there.

Lafayette, with the aid of Purdue University, offered rare attractions and spared no pains in securing an excellent meeting, both social and scientific. A corps of university teachers, such as Drs. Coulter, Burrage, Green, Stone and Golden, is a powerful ally for a medical society.

The Anderson people gave the State Society an example of the new growth possible where fuel is virtually free, and the local society entertained the State Society royally, and the scientific features of the meeting were unusually enjoyable and profitable.

Those who have attended the various meetings of the Mississippi Valley Medical Society at Evansville are well aware of the hospitality of the citizens and the working capacity of the Vanderburg County Society. The meeting of May,

'02, at Evansville, will be a success as far as lies within the power of the city physicians, and there will doubtless be an unusual attendance of the physicians along the Ohio and from the rich and historic pocket of Indiana. There is, perhaps, no more interesting chapter in the charming history of "Indiana Writers," published within the year by Meredith Nicholson, than the one devoted to New Harmony. The influence of the Owen family has been felt in Indiana and the great territory of which she was once a part for nearly a century, and the ideals and customs there established still maintain a perceptible local influence.

In our survey of possible locations no mention has been made of such ideal and pastoral places of meeting as Lake Maxinkuckee; Hanover College, commanding a river view unexcelled in beauty; nor of Crawfordsville, with Wabash College buildings and its noble campus for a background. Suffice it to say that we have by no means exhausted the places of capacity and interest, even without mentioning the State University privileges at Bloomington, or the seclusion of West Baden and French Lick.

The strength, power, dignity, centralization, harmony and efficiency which accrue to any county society which takes upon itself the burden of entertaining the State Society are a revelation to the society itself. The laity of the place of meeting are impressed with the power, numbers and beneficence of a great scientific organization camping in their midst, and a backset is given to medical fadists, theorists and sectarians which goes far toward overthrowing the recognition unwisely bestowed upon them by ill-considered and premature legislation.

In any case, the peripatetic method seems to have justified itself; it has secured a better distribution of offices and monors; has instituted strict business methods at the hands of new men; has awakened a spirit of local and helpful emulation; has brought estranged and indifferent groups of doctors into beneficent relations with each other and the State Society; has increased the membership, and widened by travel and leisurely association our knowledge of the State and the profession. And it has done away with the notion forever that the society

of the capital city was dominating the profession in Indiana. The same reasons for change of location which apply to the American Medical Association apply to the Indiana State Society. It will be always welcome to the home of its birth and early nurture, but should not be forever lagging at the mother breast, but on reaching full maturity east about and make new aliasons and exercise its procreative and recreative instinct, duties and privileges.

The scientific features of the meeting were of a high order. There was little egoistic case-reporting, no tediously long papers, none booked out for the occasion. Not more than an hour was occupied with the entire business procedures. The committee work was promptly done and accepted without discussion. The audience hall was well separated from the mercantile and lounging room by a wide lobby.

A theater hall is too large for such a meeting, but the acoustic properties were good and fair readers were easily heard. The fifteen-minutes rule was strictly enforced by President McCaskey, and no extensions were asked for. Owing to the large number of papers, the discussions were brief, and several papers were read by title by request of the authors who were present.

The first session was fully occupied in part with the symposium on diphtheria, by Drs. Fattic, of Anderson; L. P. Drayer, of Ft. Wayne, and F. M. Sawyer

and J. W. Hill, of South Bend.

Next came a paper on pneumonia, by J. G. Fleming, of Elkhart, which was discussed by Drs. Buchman, of Fort Wayne; Hall, of Franklin; Stoltz, of South Bend; McOscar, of Fort Wayne; Von Sweringen, of Fort Wayne, and J. L. Thompson, of

Indianapolis.

Dr. L. H. Dunning, of Indianapolis, then read a paper on dysmonorrhæ, citing the details of 1,000 cases in private practice. South Bend was the scene of the years of general practice of Dr. Dunning before he came to Indianapolis and entered upon the special work of diseases of women, and it was with a sense of fitness and pleasure that this report was read and received by his confreres in South Bend and Indianapolis. This paper will be published in the July issue of this Journal.

It was commended and discussed by Dr. Joseph Eastman, of Indianapolis, in a manner fitting to the large experience and wisdom that a score of years in this line of practice has brought to Dr. Eastman.

The fourth subject was presented by Dr. C. H. English, of Fort Wayne, on Dermoid Cyst of the Testicle, with presentation of specimen. It was discussed by Dr. J. Rilus Eastman, of Indianpolis, and the old problem of how the apple got into the dumpling never received such serious consideration as Dr. English's case aroused.

Dr. David Ross, of Indianapolis, read a classical paper on inguinal hernia, which was discussed by Dr. Gilbert, of Evansville, who cited a case of hernia of the ovary which had continued for twenty years and until relieved by operation. Dr. J. L. Thompson cited interesting cases of hernia which had occurred in his service in the civil war. Dr. Miles F. Porter cited a case of varicocele of the cord, due to making the internal ring too tight. Dr. Hayden and Dr. Walker, of Evansville, continued the discussion, the latter stating that the keynote of the surgery of hernia is the formation of an aseptic union of the fibrous structures. The attachment of the muscles to Poupart's ligament should be extensive. The paper of Dr. Ross furnished the text for the most extensive discussion of any surgical topic during the session.

The evening session was devoted to a comic opera, under the management of the Country Club, and was complimentary to the members of the State Society and their wives by the St. Joseph County Medical Society. It was a success, and was en-

tirely by home talent.

The morning session of Thursday was opened by the reports of the Committees on Ethics, Finance, Medical Legislation, and Pathology, the Committee on Nominations meeting at the same time in the Oliver Hotel. By 9:30 A. M., the scientific exercises began by a paper, "What Shall We Do With Our Consumptives?" which was read by Dr. W. J. Fairfield, of Anderson, in the lucid and fervent manner which characterizes all his society work. The second paper was by Dr. Edwin Walker, of Evansville, on his old topic, "Dry Surgery." But the essay was far from dry. Constant dropping wears away the stone, and the water surgeons

are very generally coming round to the position so long defended by Dr. Walker. He is opposed to the uterine douche in sepsis, getting better results by dry sterile gauze packing. The paper was ably discussed by Dr. Joseph Eastman, who still finds uses for the douche in abdominal and uterine surgery.

Dr. Bader T. Hunt, of Winchester, read a paper on Exophthalmic Goitre, brief, direct and informing. The discussion was by Dr. A. E. Bulson, of Fort Wayne, and both essayist and discussant showed the large knowledge the profession now has of this strange affliction. The subject of goitre was also discussed by Dr. A. E. Sterne, of Indianapolis. Dr. J. L. Thompson called attention to the fact that the great majority of patients recovered.

Dr. Sterne went over the distinction between simple and exophthalmic goitre, calling attention to the fact that thyroid extract frequently helps to cure simple goitre, while it has no such marked effect on the exophthalmic form. The latter is sometimes helped by operation, as has been shown by Bayard Holmes, of

Chicago.

The paper by Dr. Wm. M. Wright, of Indianapolis, on the "Surgery of the Mammary Gland," was read so calmly and distinctly that if the 2,000 seats of the hall had been filled—really there were about 150 present on the average through this session—every one could have heard the essayist. The discussion was by H. O. Pantzer, A. W. Brayton, Th. Noble and Rilus Eastman, of Indianapolis, and Miles F. Porter, of Fort Wayne. The general conclusion seemed to be that the profession should accept the statistics of Halsted and Abbe as favoring the early and thorough removal of every growth in the breast, whether benign or malignant. Life is prolonged, and, in many cases, the patient is apparently cured, or, at least, lives long enough to die of some intercurrent disease.

Dr. Walker, of Terre Haute, brought a new subject before the State meeting—"Syncytium Malignum" will prove a new title in the State report—that rare tumor following on uterine mole, in which no cell boundaries can be determined, simply protoplasm with nuclei scattered about. Sections of the tumor were on exhibition in the pathological department.

Dr. W. N. Wishard read a paper on the "Present Status of the Treatment of Prostatic Hypertrophy," the result of the most extensive clinical experience of any of our Western operators, showing a complete and perfect knowledge of the methods of relieving this disease.

Dr. J. Rilus Eastman discussed the paper, citing his experience with four cases of castration, and stating in each case the results which, on the whole, do not commend the operation. Dr. Wishard, who has never been an advocate of castration for hypertrophy, cited the collective views of the American Association of Genito-Urinary Surgeons, which show that the procedure is one of those "little systems which have their day and cease to be."

Dr. K. K. Wheelock, of Fort Wayne, cited a remarkable case of hystero epilepsy in which the climax was marked by hemorrhages from the intact external auditory canal—a case which he had followed to the extreme limit of proof, because it had been denied as possible. This paper would have been of especial interest to the schools of Nancy and Paris.

The morning session, in which no single paper had been omitted so far, was now called to a close, but by common consent, Prof. Stanley Coulter, of Purdue University, presented the subject of "Premedical Education," without notes, and with a logic, lucidity and vividness throughout his fifteen minutes' address, which aroused the enthusiasm of his hearers, as expressed in hearty applause. resolution was passed that his paper be referred without discussion, with a vote of thanks, and that the condolences of those present be expressed to those who had been so unfortunate as to leave the hall before the address was made. It is a pity that all medical students, their preceptors, and the teachers of our medical schools could not have heard this sterling address, which goes to show that a year or two of time is wasted by not having the preliminary courses in harmony with the work of the medical faculties.

Dr. Coulter's address closed the largest single session of work accomplished by the State Medical Society in twenty years. Indeed, the topics presented, had they been amplified and fully discussed, would have sufficed for the entire two days' work of the Society.

The afternoon session of the second day was opened by a symposium on Puerperal Infection—its causation, by Dr. Walker Schell; its symptomatology, by Dr. A. M. Hayden, and its treatment, by Dr. D. J. Loring, of Valparaiso.

Dr. Miles F. Porter read a paper based on the inquiry, "What Constitutes True Conservatism in the Treatment of Appendicitis," the discussion opened by T.

H. Noble, of Indianapolis.

Dr. C. Trueblood gave his observations on the application of "Medullary Narcosis," as he had observed it in New York and in his own practice. The concensus of opinion is that this form of anæsthetics is adapted to but few cases, and will not work the revolution which was at first

hoped by the optimists.
Dr. J. C. Sexton, of Rushville, who, perhaps, has done a greater variety of surgical work than any single operator in Indiana, and so fills the role of the all-round surgeon of a large constituency, gave a report of a successful operation for pistol shot perforation of the intestine. This is no little victory, for, as far as the present writer can recall, no other single case has been reported to the State Society, and so severe have been the complications, that of all the cases brought to operation in Indianapolis, no single one has recovered, to his knowledge.

The paper by Dr. C. S. Bond, of Richmond, was a stereopticon exhibit of the malarial parasite and of the species of mosquitos which serve as host. It was notable for the fine photographs made by the essayist and by Prof. Dennis, of Earlham College. No better have been pre-The paper was commended by Dr. F. B. Wynn, and the photographs were on exhibition in the pathological de-

partment.

Dr. J. Rilus Eastman read a paper on "The Gonnococcus and its Toxin," discussed by Dr. Chas. Stolz, of South Bend.

The papers by Drs. W. T. S. Dodds (inviting a discussion of the parasitic theory of cancer), and of Dr. T. H. Noble, on "Abortion," were read by title by request of the essayists, who were present, but kindly yielded their time to others.

Dr. J. F. McOscar, of Fort Wayne, discussed the subject of "Prenatal Culture as a Factor in the Production of Personal Traits." He gave a much larger value to the psychological factors than is warranted by modern authors on heredity, particularly Weissman. But there are conclusions in the recent works of Ballantyne on Prenatal Pathology, which warrant some of the speculations of Dr. Mc-

The paper on "Twins," by Dr. Hugh A. Cowing, of Muncie, was of unusual interest, and the first presentation of the subject to the society. It is printed in this issue of The Journal.

The only eye paper of the Society was by Dr. T. C. Hood, of Indianapolis, "The Etiology of Strabismus and Recent Methods of Treatment." The oculists exercised unusual forbearance—Drs. Wheelock. Bulson, Thompson, Heath and Von Benschoten, were all present, but brought up papers. The oculists of the State Society have been eyes to the blind of their confreres without money or price; they are a well-united group of specialists, and are a lovable group of gentlemen. Dr. Hood's paper closed the second day of scientific papers, all on time, and no single essayist absent except as above mentioned by request.

The evening session proved one long to be remembered. The addresses were by the President, Dr. McCaskey, on "Physiology the Basis of Clinical Medicine, and also a Plea for Scientific Method. is needless to say that Dr. McCaskey is always scholarly and that his essay was erudite, some of his closing paragraphs being singularly beautiful in their style and diction. He was followed by Dr. John A. Wyeth, of New York City, one of the founders of the modern post-graduate schools, the author of a well-known system of surgery, and especially notable for his work on the surgery of the hip joint. He was a soldier in the Confederate army, and for a time was a prisoner in Camp Morton, at Indianapolis. His address was on "The Making of a Doctor," and in many of its conclusions controverted the present preparatory and medical courses. Dr. Wyeth attended the afternoon session, discussing the paper on intestinal perforation, read by Dr. Sexton. He received, in company with the President and the Reception Committee, and in every social and professional way endeared himself to the Society whose guest and essayist he was.

The Society has never witnessed a more brilliant reception than that given by the South Bend Society and citizens to the visiting physicians. In the first place, the stationary was elegant, and would have delighted any lover of good printing—the invitations, the caras, the hotel menusall showed the loving and thoughtful touch of an artistic hand. Flowers were in profusion—roses and carnations, the red and the white, heart's blood and soul's purity. The music was always fittingharmonious and reposeful. The hotel is by all odds the best in Indiana, and the comment on its service and convenience was unremitting. The cold punches, the creams and ices, and the confectioner's creations were of the choicest that could be found for the occasion. This reception, with the incidental expenses of the various committees, could not have cost less than two thousand dollars. Dancing began at eleven and continued until two in the morning. And all went as smoothly and quietly as a well served dinner to a company of eight in a private household. There was no jam, no struggle for hats and wraps, such as we have often seen, even in the receptions of the National Society. Only the Marion County Society, in its great banquet to 600 guests at the Denison Hotel, when the Hoosier Poet, James Whitcomb Riley, read his original "Doc Sifers," or the entertainment at the German House two years ago, can be compared with it. There was never so large an attendance of the wives and daughters of the physicians and the dress and spirit of the whole occasion seemed to indicate that the doctors had enjoyed a "good year." The Eastern physician who bewailed the condition of the profession and the laity, in the wild and woolly malaria-stricken West, certainly never met such an assembly as this at South Bend. The old Catholic foundations, Notre Dame and St. Mary's, were open to the visitors; the city was cool and dustless, and it semed as if for once all the elements and conditions were attuned and harmonized for a perfect meeting. Even the displays of drugs, chemicals and instruments were unusually large and inviting, and the agents seemed unusually contented and jovial.

Friday morning at 8:30 the fourth scientific session was opened by the report of the Committee on Hygiene and State Medicine, read by the Secretary, Dr. J. N. Hurty; the report of the Committee on Inebriety, by Dr. H. J. Hall, of Franklin.

The papers on typhoid fever, by Drs. N. W. Cady, of Logansport, and F. P. Nourse, of Anderson, were referred by title in the absence of the authors. Dr. J. H. Cannon, of South Bend, read a paper on The Ambulatory Treatment of Fractures, which will be early published in this journal-one of the most sensible, best read papers in the surgical group. No extreme views; no new appliances; no personal emphasis; a fine irony and quaint humor, and in a moment the paper was over and Dr. Cannon was recognized as a large natured and experienced and independent surgeon and a substantial addition to the membership of the St. Joseph and State Societies.

The discussion by Dr. Porter and others was simply adoption and commendation.

Dr. T. Potter's paper on Foreign Bodies in the Lungs, with report of cases, and Dr. M. A. Austin's paper on La Grippe, were read by title by request of the essayists, both of whom were present. The same with Dr. F. P. Eastman's case of Universal Dermatitis—a case under the doctor's care at South Bend, the diagnosis approved by Dr. Hyde, of Chicago. All three papers were referred.

Dr. Isaac N. Trent, who read the interesting paper on "Musical Murmurs of the Heart" at the Anderson meeting, presented a case report of "Aneurism of the Vertebral Artery"—a rare condition. Dr. J. F. Barnhill, of Indianapolis, read his paper, "Some Relations of the Profession to Ear Disease"—a careful and conscientious paper like all of those Dr. Barnhill has presented to the Marion County Socity. Dr. Barnhill writes good travel papers—he has a simple, lucid and attractive style, which runs of itself in pure and limpid English.

Dr. H. O. Pantzer read a paper on "The Diagnosis of Acute Peritonitis," having warrant in twenty years of experience in Indianapolis as general practitioner and surgeon, college teacher, and hospital clinician. The paper will appear in an early issue of this journal, and will be often

referred to in the Transactions. It was discussed by Dr. W. H. Gilbert, of Evansville, who emphasized the necessity of early diagnosis by the family physician and immediate surgical aid where indicated.

Dr. J. P. Smith, of Brazil, was down for a paper on "Vulvo Vaginal Abscess," which was read by title in his absence.

This concluded the morning program. The final session was a "slump," owing to the weariness of the brethren, the departure of many on noon trains, and the surfeit of papers sent up by the Marion County Society-eighteen in all, where ten would have been sufficient. As Dr. Daugherty remarked to the writer: "Your Society sends good papers, but too many of them, and too late to be evenly

distributed through the program."

The paper by Dr. Fred R. Charlton was read by title by his request; that of Dr. A. B. Graham, also of Indianpolis, "Diagnosis of Cancer of Stomach," was referred, as the essayist was convalescing from a tedious illness; that of Dr. H. R. Allen, on "Treatment of Pott's Disease," was passed by request of the essayist; same with the paper of Simon P. Scherer-"A Clinical Study of the Urine." The only Indianapolis papers read were Dr. W. B. Fletcher's—"A Consideration of the Present Laws for Commitment of the Insane," of universal interest, and discussed by several, notably by Dr. A. E. Sterne, of Indianapolis. A committee was proposed to report on Dr. Fletcher's paper at the Evansville meeting.

Dr. Fletcher is the leading ailienist of Indiana; he was recently elected Emeritus Professor of Nervous Diseases and Physiology in the Medical College of Indiana. He was in Libby Prison six months following Bull Run, and hobnobbed with Dr. Wyeth, who in the last year of the war was in Camp Morton as a prisoner. Only a few more years, and such meetings will be gone forever. The war reminiscences of Dr. J. L. Thompson, Dr. W. B. Fletcher, and Dr. John A. Wyeth would have filled a South Bend newspaper with a scoopful that would have paralyzed the Chicago press, and been good reading alike to the laity and the profession,

Dr. L. F. Page, of Indianapolis, read a paper on "Diseases of the Upper Air Passages in Relation to Mental Development," a study in psycho-pathology which should be of interest to parents and edu-

cators as well as to physicians.

The papers on "Electricity in Medicine," by Dr. E. C. Dilley, of Brazil; "Dipsomnia," by G. M. Leslie, of Fort Wayne, and "Smallpox," by Dr. C. W. Moore, of Teegarden, were referred by title, and the scientific proceedings were brought to a close at 4 P. M.

The President, Dr. McCaskey, expressed his thanks for the aid and courtesies extended, especially by the Vice-President, Dr. Hayden, of Evansville, who ably presided at several sessions, and to the local Committee of Arrangements. The usual vote of thanks to outgoing officers, to the citizens and societies of South Bend, was

expressed by a rising vote.

The President appointed Dr. Porter, of Fort Wayne, to escort the President-Elect, Dr. A. W. Brayton, to the chair, where he congratulated the ex-President on his conduct of the meeting, commended the circuit riding of the Society to the various cities of the State, and pledged himself to be the loyal steward as well as President of the State Society for the coming year. The Society then adjourned sine die.

The Nominating Committee made its report on Thursday morning as follows,

through Dr. A. E. Bulson:

Dr. A. W. Brayton, Indianapolis, President; Dr. J. B. Berteling, South Bend, Vice-President; Dr. F. C. Heath, Indianapolis, Secretary; Dr. W. H. Gilbert, Evansville, Assistant Secretary; Dr. A. E. Bulson, Fort Wayne, Treasurer.

The President reserved the announcement of the various committees until conference could be held with various officers

and members.

The Committee of Arrangements for Evansville meeting, however, formed as follows:

Chairman, Dr. Edwin Walker; members, Drs. W. H. Gilbert, A. M. Hayden, L. Worsham and J. N. Jerome. The Evansville society is already considering the necessities of the coming meeting, as we learn by letter from Dr. Walker.

The South Bend dailies, the Times and the Tribune, both gave excellent reports of the meeting. We are indebted to them for

several items.

Presentation of roll desk by the exhibitors to Dr. H. F. Montgomery was made this afternoon. This was done in recognition for his special pains in looking after the welfare and comfort of the exhibitors. The doctor was taken by surprise, but managed to stammer out a sort of thanks for this manifestation of esteem. The exhibitors are loud in their praise of the doctor's unselfish work in their behalf.

Dr. Joseph B. Champion, of Washington, D. C., was the stenographer for the convention. He is in every way a perfect gentleman who it does one good to meet. The *Times* is indebted to him for many valuable pointers. He officiated in the same capacity at the druggists' convention a year ago.

To which we may add that Dr. Champion has been the official stenographer for six years. He is the best medical society reporter we know in the United States.

The Times said, editorially:

South Bend was delighted to be afforded the opportunity of entertaining the doctors, and, judging from their expressions, the doctors were delighted over the manner in which they were entertained during the past three days. It is but truth to say that our people would be more than glad to have the doctors come again. South Bend has a very high regard for men of profound knowledge and scientific research.

Dr. L. H. Dunning spent a part of the time in visiting his former clientele in South Bend, the Studebakers, Olivers and others of distinction. He pointed out to the writer his old office rooms in the Oliver Theater, and the brick Methodist Church where he enjoyed membership.

Dr. Frank B. Wynn, of Indianpolis, had an interesting collection of pathological specimens; also relics of early medical practice in Indiana, and a large series of photographs. Three hundred dollars was cheerfully voted by the Society for the expenses of the Indiana pathological exhibit for both the South Bend and the National meeting. The establishment of a section in pathology for the A. M. A. is due mainly to the work of Dr. Wynn.

The *Times* made the following note of Dr. Fletcher's paper:

Dr. W. B. Fletcher, Indianapolis, presented for consideration his paper on the present laws for commitment of insane

persons. The paper dealt with the fact that there was apparent collusion between justices and physicians to form an inquest trust. There was no telling how soon any man may find a complaint entered against him that he was insane, and a commission would soon consign him to the mad-Our State laws have not been changed in forty-nine years so far as betterment of forms of commitment of insane are concerned. An effort was made to make a change, but resulted in almost complete failure. The doctor then read the law relating to the insane and based his remarks on their application to the people. He did not want to be understood as saying that there are any confined in the asylums who were not insane, but that fact did not prevent any person from making use of the law to the injury of some innocent person. The new law permitted collusion and should be done away with. He looked for no relief from the legal profession, but would recommend that the subject be referred to the State Society for the purpose of examining the laws and suggest such amendments as would be deemed best.

The Times also said: One of the most interesting figures to be seen on the floor of the convention is Dr. Fletcher, of Indianapolis, once a State Senator, and at another time Superintendent of the Insane Hospital at Indianapolis: He was Professor of Physiology in the Indiana Medical College at the time of Dr. Daugherty's graduation. Dr. Fletcher is well along in years, but is remarkably well preserved. He is of short, heavy build; has a smooth, rotund, kindly looking face, crowned with a wealth of gray hair that comes as near being white as possible. black slouch hat becomes him admirably, and gives him the appearance at least of being a highly polished Southern gentleman. He is still in the active work of his profession.

The Treasurer, Dr. E. A. Bulson, of Fort Wayne, reported the total receipts of the year as \$1,620.22. The balance on hand at the opening of the year was \$258.91. The total expenditures were \$1,598.62, leaving a balance of \$279.51 in the treasury. Dr. G. W. Kemper, of Muncie, Ind., was ill, consequently his report of the Committee on Necrology was made by Dr. Cowing, of Muncie. Dr. A. W.

Brayton, of Indianapolis, made a brief report of the Committee on Publication.

Dr. Homer J. Hall, of Franklin, read a report of the Committee on Inebriety. Of State inebriate asylums, the report said:

"During the past year the committee held two meetings in Indianapolis. The chief object of these meetings was to consider and prepare a bill to introduce to the State Legislature for the establishment of a hospital for chronic inebriates in Indiana.

"The bill was ready and prepared to be introduced to the Legislature, and was unanimously favored by all the members of the committee. But when the wave of economy struck the Legislature, especially against State charity institutions, we did not have the bill introduced, for the reason that when a bill is voted down in the Legislature it does not aid its passage with a subsequent favorable Legislature.

"It is likely that the members of this association are aware that at a former session a vote was carried unanimously concerning the idea of having an incbriate hospital in Indiana. As far as your committee has been able to judge, this idea has been growing among medical men everywhere. Two States in the Union have such institutions, namely, Massachusetts and Connecticut.

"One of the States in the Northwest, during the past winter, had an act before its Legislature to establish such an institution, but what the result was, we are unable to say.

"In the bill we prepared, the mode of establishment and management was very similar to our insane hospitals. According to the research of the members of your committee, this idea of establishing hospitals for inebriates is growing not only in the States of the Union, but in nearly all civilized nations. Great Britain for years has had such institutions, and more recently Germany and Russia have established by law hospitals for the treatment and cure of chronic inebriates.

"Among the members of our State Association, there is a growing spirit of scientific investigation as to the physiological and pathological effects of alcohol and other similar drugs, which is certainly praiseworthy.

"If alcohol in its various forms is a di-

rect or an indirect cause of disease, we as medical men desire to know it.

"If it be true, as some hospital authorities claim, that a lower rate of mortality is shown where alcoholic preparations are not used, we desire clinical proof that medical men will accept. But 'Prove all things and hold fast that which is proven,' is a good motto for medical men.

"Some reliable medical men, like the father of the American Medical Association, Dr. N. S. Davis, of Chicago, and many others of scarcely less eminence, declare that alcohol has a very limited use in the practice of medicine. Others of equal high standing in the medical profession favor and practice its use. The effects of alcoholic preparations are not scientifically established either as a cause of disease or a safe remedy in the treatment of disease.

"And it is an important part of the work of this committee to assist in arriving at this needful conclusion.

"Respectfully submitted,
"H. J. HALL,
"GEORGE R. GREEN,
"F. M. GERRISH,
"A. E. STERNE,
"J. M. MOULDER,
"J. A. WORK."

In an earlier part of the report of the meeting we emphasized the influence upon the people and the press, which is the mirror of the people of a great State scientific medical meeting held in their midst—the rebuke that it presents to fads and sectarianisms. This is well illustrated by an editorial in the South Bend Daily Times of May 16th, under the caption, "Men of Learning:"

"The proceedings of the Indiana State Medical Society are of great interest to the general public. Comparatively few people have the good fortune to pass through life without requiring at one time or another the services of a physician. It is noticeable that the doctors now assembled here are, as a rule, of the progressive They take due cognizance of new methods as well as of new remedies sanctioned by experience and science. This in itself is evidence that they are not hidebound in their views nor indifferent to developments in the line of their profession. The better one becomes acquainted with the men composing the Indiana State

Medical Society the more favorably one becomes impressed with its membership. Their personal appearance indicates a high order of intelligence; their utterances prove them to be well versed in all things that pertain to their profession. Gatherings composed of representatives of a learned profession are sure to prove instructive in their effect upon the community. For these and other reasons, South Bend feels proud of the opportunity to entertain these gentlemen."

The Hotel Oliver issued an elegant dinner list (without wines, of course, although there was, it is said, an elegant bar) with the Society monogram on the outer cover and the menu and music numbers within. They were in brown covers one day, and blue the next, and were kept as souvenirs by many. The inner page

bore the followings extracts:

"I feel not in me those sordid and unchristian desires of my profession; I do not secretly implore and wish for plagues, rejoice at famines \* \* \* I desire everything in its proper season, that neither the men nor the times be out of temper."—Sir Thomas Browne, Religio Medici.

"As Adrian VI said, 'he is very necessary to a populous country, for were it not for the physician, men would live so long and grow so thick, that one could not live for the other; and he makes the earth cover all his faults.' But what Pope Adrian (said) of the physicians was spoken, I conceive, in merriment."—Howell, Familiar Letters.

"Physicians mend or end us,

(Secundum artem;) but although we sneer

In health—when ill, we call them to attend us.

Without the least propensity to jeer."
—Don Juan.

## MEMBERS PRESENT.

E. B. Evans, Greencastle, Ind.
J. W. Merry, Mt. Ayr, Indiana.
R. Neville. Teegarden, Ind.
Charles Stoltz, South Bend, Ind.
George W. VanBenschoten, South Bend, Ind.
H. A. Fink, South Bend, Ind.
W. G. Wegner, South Bend, Ind.
George F. Keiper, Lafayette, Ind.
Calvin Carter, Brookville, Ind.
N. A. Kremer, Madison, Ind.
C. W. Moore, Teegarden, Ind.
F. M. Sawyer, South Bend, Ind.
J. B. Berteling, South Bend, Ind.
C. C. Terry, South Bend, Ind.

C. M. Butterworth, South Bend, Ind. Sarah F. Stockwell, South Bend, Ind. W. A. Hager, South Bend, Ind. F. P. Eastman, South Bend, Ind. E. R. Borley, South Bend, Ind. H. F. Mitchell, South Bend, Ind. C. A. Rennoe, South Bend, Ind. J. W. Milligan, South Bend, Ind. J. A. Varier, South Bend, Ind. J. W. Hill, South Bend, Ind. R. B. Dugdale, South Bend, Ind. E. R. Dean, South Bend, Ind. J. H. Cannon, South Bend, Ind. E. P. Moore, South Bend, Ind. C. A. Daugherty, South Bend, Ind. E. J. Lent, South Bend, Ind. E. T. Fromen, South Bend, Ind. E. R. Bacon, Lowell, Ind. W. A. Chapman, Niles, Mich. H. S. Carr, Niles. Mich. N. E. Bachman, Stanton, Mich. W. W. Wickett, Elmira, Mich. J. H. Carstens, Detroit, Mich. E. W. Davis, Saginaw, Mich. A. Patterson. Edw. J. Libbert, Aurora, Ind. J. N. House, Lawrenceburg, Ind. C. Angell, Pittsburgh, Ind. J. S. Martin, Rolling Prairie, Ind. E. L. Walmer, Fremont, Ind. J. Moore, Lakeville, Ind. C. A. Moore, North Liberty, Ind. B. Eliz. Malone, Laporte, Ind. W. F. Wood, Mishawaka, Ind. S. G. Todd. Mishawaka, Ind. Chas. C. Stroup, Mishawaka, Ind. W. E. Borley, Mishawaka, Ind. E. Doan, Mishawaka, Ind. H. C. Holtzendorff, Mishawaka, Ind. E. L. Annis. Laporte, Ind. B. C. Bowell, Laborte, Ind. J. R. Ball, Lebanon, Ind. Lorin W. Smith, Wabash, Ind. W. A. Fankboner, Marion, Ind. D. A. Holliday, Fairmount, Ind. W. S. Leiter, Claypool, Ind. F. Greenwell, Huntertown, Ind. Hugh A. Cowing, Muncie, Ind. J. B. Fattic, Anderson, Ind. C. A. Seymoure, Wawaka, Ind. C. W. Merrill, Goshen, Ind. J. Albert Snapp, Goshen, Ind. D. L. Miller, Goshen, Ind. J. C. Fleming, Elkhart, Ind. C. M. Eisenbeiss, Elkhart, Ind. F. N. Dewey, Elkhart, Ind. W. A. Neal, Elkhart, Ind. G. B. Hoopingarner, Elkhart, Ind. J. A. Work, Elkhart, Ind. S. M. Cummins, Elkhart, Ind. C. H. Niman, Elkhart, Ind. J. C. Mast. Elkhart, Ind. G. W. Spohn, Elkhart, Ind. R. M. Murphy, Elkhart, Ind. W. F. Hani, Elkhart, Ind. R. Q. Haggerty, Elkhart, Ind. A. J. Carper, Elkhart, Ind. A. J. Boswell, Elkhart, Ind. I. W. Short, Elkhart, Ind. W. M. George, Elkhart, Ind.

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Hygiene and State Medicine: J. N. Hurty, Indianapolis.

Inebriety: Albert E. Sterne, Indianapolis; H. J. Hall, Franklin; W. J. Fairfield, Anderson; Geo. R. Green, Muncie; C. K. Bruner, Greenfield; H. M. Lash, Indianapolis; C. B. Stemen, Ft. Wavne; Chas. Stoltz, South Bend: R. B. Wetherell, Lafayette.

Place of meeting, Evansville, in May, 1902.

#### For the St. Paul Meeting of the American Medical Association

#### Pennsylvania Lines and Chicago, Milwaukee & St. Paul Route.

For the above named meeting, the Indiana car will leave Indianapolis by the Pennsylvania Lines at 11:35 A. M., Monday, June 3d, connecting in Union Station, Chicago, with the C., M. & St. P. train leaving at 6:30 P. M., same date, and reaching St. Paul at 7:45 following morning.

A rate of one fare plus \$2.00 has been authorized. This is \$18.50 from Indianapolis, and correspondingly low from other points. The sleeping car rate Chicago to St. Paul is \$2.00 per berth, and a special car for the exlusive use of this party will be provided and berth assignments made, if delegates will promptly advise the Pennsylvania people of their intention to go and the number for whom berths will be required. A dining car is attached to the 6:30 p. m. train from Chicago, serving meals a la carte.

The C., M. & St. P. road is the only

road that gives a stop-over at Milwaukee, June 11th to 14th, so that members may attend the meeting of the American Medico-Psychological Association. There are a large number of members going on the Monday 11:35 train from Indianapolis and vicinity, and the Transportation Committee of the A. M. A. has done its business with the C., M. & St. P. road. We hope to see a car full of Indiana doctors enjoying themselves by going on the routes indicated.

#### Reorganization of the American Medical Association—The Indiana State Society Their Model.

The Association Journal for May 25th contains the report of the Committee on Organization, to be submitted at the St. Paul meeting. This report is sane and sound, and should be read by every mem-It proposes certain changes in the organization of the American Association looking toward national uniformity and solidarity, simplicity, and greater efficiency. In substance the more important of these are as follows: To divide the work of the association meetings into two parts, business and scientific, the former to be done by a moderate sized (say 150) strictly delegate body. Second, to make the association really representative of the whole profession and country by making the county society the unit; requiring membership in the county society as a preliminary to membership in the State society; making the county society dues part of the State society dues, the latter being therefore collected by the county society and paid by it to the State society. committee also recommends that the various more or less nondescript societies, such as the Mitchell District, Tri-State, Mississippi Valley, etc., either dissolve (in our opinion the wisest course), or define themselves more accurately geographically, and above all that (if they continue to exist) they strictly limit their membership to those who are eligible to membership in State and National associations; that is, to those who are members of their own county societies. The reasons for these recommendations, the evolution of things professional leading up to a clear necessity for them, and the advantages in economy of time, energy and money, and

the promotion of professional fellowship, harmony and medico-political influence, are all clearly and forcibly set forth.

In a word, it is now proposed to reorganize the American Medical Association upon exactly the plan of the Indiana State Society, and for the reasons which every member of the Indiana State Society understands and has for years understood. As one reads the elaborate report of the committee, though it does not mention specifically our State, one can but think that its members must have heard from Indiana. Or possibly great minds run in the same channel, one some score of years after the other. We are, after years of experience, in favor of the report of the T. POTTER. committee.

# State Medical Board Wrestles with the Osteopaths.

The State Board of Medical Registration and Examination, at a meeting held at the Grand Hotel, May 15th, adopted a resolution which is in conformity with the amendments to the medical law passed by the last General Assembly. It requires all applicants for registration to practice osteopathy in the State, and the colleges from which they procured their diplomas, to comply with the schedules of minimum requirements in force at the time of the application except in so far as pertains to materia medica. The resolution is as follows:

"Whereas, By the amendments of 1901 to the medical act the State Board of Medical Registration and Examination may grant limited certificates which will authorize the proper clerk to issue a license to practice osteopthy only, and whereas it is provided by the lawthat 'such certificates shall be issued on the same terms and conditions as others, except that the applicant therefor shall not be required to pass an examination in materia medica, nor shall the college from which he presents a diploma be required to conform to the standard fixed by such board as to instructions in materia medica, but such college shall so conform in all other branches of instruction,' therefore,

"Resolved, That all applicants for registration to practice osteopathy in the State of Indiana and the colleges from which they procured their diplomas must comply with the schedules of minimum require-

ments in force at the time of application except in so far as pertains to materia medica."

Since the passage of the last amendments to the medical law, the State Board of Medical Registration and Examination has exerted itself to obtain the status of the various osteopathic colleges of the country. The osteopathic colleges of the various States were either visited or inquired about, and as a result, the Board has found that many of them from which osteopathists now practicing in the State have obtained diplomas do not approach the standard required by the board. Some of the osteopathic colleges investigated by the committee virtually had no existence at all. As the amendment to the medical law passed by the last Legislature exempted from registration to practice osteopathy all those who on March 11, 1901, were residents of the State and possessed of diplomas from osteopathic colleges in the United States, and as many of these diplomas were obtained from colleges which have been ascertained to have virtually no standard, the board last night adopted the following resolution, with the purpose of protecting the osteopaths holding diplomas from reputable colleges and of weeding out those holding diplomas from colleges not up to the standard as fixed by the board:

"Inasmuch as the law regulating the practice of medicine, surgery and obstetrics in Indiana was, in 1901, so amended as to exempt from examination applicants for registration to practice osteopathy who were on March 11, 1901, residents of this State and possessed of diplomas from any osteopathic college in the United States, therefore, in order to establish what constitutes such college,

"Resolved, That the diplomas of such applicants must have been issued by an institution possessing equipment and a curriculum equal to that fixed by the Associated Colleges of Osteopathy, as set forth by its constitution in 1898."

(The board has since determined that not an osteopathic college in the United States will meet the requirements, and, therefore, not more than a score of osteopaths are entitled to license. Dr. W. N. Wishard's work in the Legislature was commended by the State Society. Osteopathy is dead in Indiana.—Editor.)

#### Robley D. Stevenson-Humorist.

The Lighter Vein columns of the In-DIANA MEDICAL JOURNAL have been frequently obliged to the "Bubbles in the "Air" column which were for many years the daily contribution of Dr. Robley D. Stevenson to the Indianapolis Daily Journal, and later to the Indianapolis Press. He was the son of an Indiana physician and was also himself a graduate of Jefferson Medical College, although he never practiced medicine. He died May 14th at St. Vincent's Hospital in Indianapolis, of the "spes pathetica," passing over to the silent land quietly, bravely, without fear and without reproach, leaving thousands of loving friends, most of whom had never seen his face, but who read the quips and jokes even before they read the news and comment of the day. Like Renan, Stevenson was possessed of that philosophical gaiety, scarcely distinguishable from stoicism, which does not take nature more seriously than she takes us, and in his witticisms he abandoned himself by turns to confidence, to skepticism, to optimism and to irony, recognizing that like Job, Faust and Socrates, while we owe virtue to the Eternal, we may couple irony with virtue by way of personal reprisals. humor of such a man cuts like a Damascus blade alike through the gossimer of sophistry and the iron of convention and tradition. It is frequently a more powerful weapon than the arguments and editorials running parallel with it.

The Indianapolis Press Club held a meeting and gave tribute to his memory. Miss Anna Nicholas, of the *Journal*, who was long associated with Mr. Stevenson in journal work, read a memorial, which we give in part:

The humorist, like the poet, is born, not made. The sense of humor is a gift which cannot be acquired; it must be a part of a man's nature. And it is a gift whose value is hardly to be overestimated. It helps its possessor to offset the ills of life; it enables him to see compensating conditions where the too-serious mind only discovers gloom; it gives him a philosophy which others cannot attain; it is an inspiration and a solace. And, if it is the humor which finds expression in words, it is a source of infinite enjoyment to the man's associates.

Our friend Robley D. Stevenson was a humorist of the genuine sort. With him the gift was undoubtedly inherited, his father having had a local reputation as a wit. He detected humor not only where it was so obvious that

all might see, but where it was concealed from duller minds, and by setting forth his ideas in brief phrase and in such quips and drolleries as only he could conceive, brought them to the comprehension of these slower wits and brought laughter. Who is better in this busy work-a-day world than a wholesome, hearty laugh? And who deserves better of his fellowcreatures than the man who makes it possible?

By thus contributing to the pleasure of his friends and of the public, Mr. Stevenson did a service of whose importance he never dreamed, and the extent of which those whose work lies in the direction of benefiting their fellow-men might well envy. He was without question the most original of the newspaper humorists of the day. Although certain conditions seemed to appeal to him more than others and to be more suggestive, as, for instance, the attitude of the "Everett Wrests," the "Dismal Dawsons"—the tramps and waifs, in short—toward life, yet he did not repeat himself.

Personally Mr. Stevenson was extremely reticent and retiring. Probably few of his associates here felt that they really knew him intimately, for, though he was companionable and well liked, he never talked of himself. It was only in an incidental way and through chance allusions that they felt themselves acquainted with the real man. It became known in this city that he feared that his gift of humor would fail him. He had a list of humorists who had met with this fate, and remarked on one occasion that it was what all such writers might look forward to. It was a thing, however, by no means likely to have happened in this case, his humor being so ingrained and so original.

It is the feeling of this club that in the untimely death of Mr. Stevenson the newspaper fraternity has lost a valued member and that the reading public suffers a distinct and irre-

mediable loss.

#### College of Dentistry-Fourth Annual Commencement Exercises at German House.

The fourth annual commencement of the Central College of Dentistry was held in the auditorium of the German House, May 1st. A large audience, composed principally of relatives and friends, present by invitation, attended the exercises. The hall was simply decorated. The graduating class of twenty-two members sat on one side of the stage, and the faculty and officers of the school on the other. In the absence of M. F. Ault, dean of the college, who is ill, Prof. S. E. Earp presided. The Wabash College Quartet and G. A. Eldridge, a recitationist who came with the quartet, contributed much to the pleasure of the evening. The invocation was delivered by the Rev. C. C. Rowlison, and the class address was given by Prof.

W. T. S. Dodds, one of the instructors in the school, and also in the Indiana Medical College. President J. E. Cravens presented the diplomas, and many of his re-

marks provoked laughter.

C. C. Miller, the valedictorian, in his address, gave a short nistory of the graduating class. He said that the class had not decreased in membership during the entire course of four years. A feature of the class is that it has done practical work ever since it started in college. The college was in its infancy at the time they were freshmen, and it was necessary to give them clinical work.

The members of the graduating class L. S. Mitchell, John Lowe, J. L. De Voss, A. J. McPhail, F. E. Robinson, Charles Walters, W. H. McHatton, C. C. Miller, Charles Kniese, C. A. Hollett, Fred Dungan, L. R. McCullough, C. M. Evans, Harry Tinkham, C. B. Harter, E. E. Ewbank, Carl Hendricks, Edgar Seawright, E. V. Griffin, M. P. Griffin, L. W. Hughes and A. E. Carrington.

# Smallpox Among Medical Students-Happy Lafayette; Happy Physio-Med.

Dr. H. E. Harold, of Lafayette, Ind., writes The Indianapolis Polyclinic that he is the only P.-M. in Lafayette or within forty miles of that city.

Dr. D. W. Philo and Dr. S. P. Woodard, while seniors in the Physio-Medical College of Indianapolis, both contracted smallpox, as did other students of the school, probably from smallpox patients

in their college dispensary.

Dr. Philo was in the Detention Hospital of the Indianapolis City Hospital for a month. He took notes of five of the various cases which suffered the disease in the hospital with him and contributed a very interesting article to the April Polyclinic. He had not been vaccinated for This outbreak in a mednineteen years. ical college should be a warning to every faculty to vaccinate and revaccinate all entering students until they are immune.

#### Meeting of the American Medical Editors' Association.

The annual business meeting of the American Medical Editors' Association will convene in the library rooms of the Ramsey County Medical Society, Lowry Arcade Building, St. Paul, at 2:30 P. M., Monday, June 3d. This association, as implied in the name, consists of medical editors of the United States. Meetings are held annually, coincident with the American Medical Association. The aims of the association are the advancement of medical journalism, the foundation of an ethical press in medicine, and the improvement of the medical profession in general. The membership includes the leading medical writers and editors of the country.

A partial list of papers includes:

President's address, Dr. Alex. J. Stone, of St. Paul.

Relative Value of Medical Advertising, by Dr. John Punton, of Kansas City, Mo. Improvements in Medical Education, by Dudley S. Reynolds, of Louisville.

Some Thoughs on the Ethics of Medical Journalism, by Burnside Foster, of St. Paul.

Editorial Corps and Medical Journalism, by Dr. George F. Butler, of Alma,

Relation of the Medical Editor to Original Articles, by Harold Moyer, of Chicago.

It is announced that the dates of the next meeting of the Mississippi Valley Medical Association have been changed from the 10th, 11th and 12th of September to the 12th, 13th and 14th of September. This change has been made necessary because the dates first selected conflicted with another large association meeting at the same place.

The meeting is to be held at the Hotel Victory, Put-in-Bay Island, Lake Erie, Ohio, and the low rate of one cent a mile for the round trip will be in effect for the meeting. Tickets will be on sale as late as September 12th, good returning without extension until September 15th. By depositing tickets with the joint agent at Cleveland and paying 50 cents, the date can be extended until October 8th. This gives members an opportunity of visiting the Pan-American Exposition at Buffalo, to which very low rates by rail and water will be in effect from Cleveland.

Full information as to rates can be obtained by addressing the Secretary, Dr. Henry E. Tuley, No. 111 West Kentucky street, Louisville, Ky. Members of the

profession are cordially invited to attend this meeting.

Those desiring to read papers should notify the Secretary at an early date.

#### PERSONAL.

#### Dr. H. MacLowry

Dr. H. MacLowry, of New York, representing Lea Brothers & Co.'s medical publications, visited the JOURNAL office in mid-May on his return from San Francisco.

#### Dr. T. C. Bell, of Refugio, Texas.

The doctor came up to Indianapolis to pay a dollar in advance for the JOURNAL and incidentally to look after some less important matters—to attend the South Bend meeting, the Pan-American and recuperate from an extensive practice, where the people pay cash and contract no bills and when they are sick send for Dr. Bell. And still he loves Indiana.

#### Dr. MacCoy at the Tuberculosis Congress.

Dr. George T. MacCoy, of Columbus, made his report May 24th to Governor Durbin concerning the American Congress of Tuberculosis, held in New York recently, to which he was sent as a delegate by the Governor. He reported that the congress recommended, among other things, that asylums be built in the different States for the care of consumptives who are not financially able to go to other States for their health.

#### NECROLOGY.

## Dr. Thomas Rumbold, Eminent Eye, Ear and Throat Specialist.

St. Louis, May 23.—Dr. Thomas Rumbold, known in America and Europe for his contributions to medical literature and researches in nasal surgery, died at his home here to-day, aged 71 years.

Thomas Frazier Rumbold was born in Aberdeen, Scotland, on October 13, 1830; was taken to Canada when 4 years old and to Iowa in 1839; was educated in public schools and at Iowa College; was graduated at Jefferson Medical College, Philadelphia, in 1862; acting assistant surgeon, U. S. A., 1862-65; took private

courses on eye, ear and throat diseases, and after 1866 limited his practice to these departments. He was a member of several national and foreign medical societies, author of many medical papers and several books on his specialties, editor St. Louis Medical Journal 1878-84, invented a number of surgical appliances. His son, Frank Meeker Rumbold, also of St. Louis, is eminent in his father's specialties and is editor of the Daryngoscope.

#### Dr. Mavity, of Fowler.

Dr. James S. Mavity, after a brave fight for life, died at his home on East Sixth street, Sunday evening, April 21, 1901, at 7:20, of pernicious anæmia.

Dr. Mavity will be missed more, perhaps, than any other man in this city would be. The past winter was an exceptionally trying one for him. There was a part of the time when himself and son Everett were the only physicians who could ride over the county to attend the sick. The doctor went on long trips when he should not. An attack of the grip in January had weakened him. He was compelled to give up finally, and about a month ago took to his bed.

Dr. Mavity was a home-loving man. He wished to be at home, where, with his books and surrounded by his family, his pleasantest hours were spent. He took great price in his town, and was always ready to help in any enterprise that would redound to the material advantages of Fowler. His place cannot be filled. The town and county cannot well spare such men as Dr. Mavity, and the profound sorrow of the community testifies the respect and esteem in which he was held.

Dr. Mavity was born in Ripley County, Indiana, February 19, 1845. His parents emigrated to Ripley County, this State, in 1836. Dr. Mavity attended Moore's Hill College in Dearborn County, Indiana, for a number of years, and afterward taught school for six years in Indiana and Illinois. He began the study of medicine under Drs. Smith & Wagner, of Newman, Ill., and in 1870-71 attended the Indiana State Medical College at Indianapolis. In 1871 he opened an office in Tipton, Ind., where he remained five years, coming to Fowler in 1876. He was married September 6, 1868, to Mary A. Hart, of To this union six Franklin County.

children were born, three of whom— David Everett, Joseph Haller and Helen—are living.

The funeral was held from the house at 2 p. M. yesterday, Rev. D. R. Love, of Frankfort, an old friend of the family, and Rev. Truby officiating, and was very largely attended. Interment in the cemetery south of town.—The Benton Review of April 25th.

## William R. Warner-Dr. William H. Draper.

Mr. William R. Warner, of Philadelphia, the founder of the firm of William R. Warner & Co., manufacturing chemists, died at his home in that city Wednesday, April 3, 1901. He was distantly related to George Washington, and his art collection included over one hundred portraits of the Father of his Country, as well as portraits of distinguished physicians, scientists and pharmaceutists. In 1860 he was appointed a member of the Committee of Revision of the United States Pharmacopeia, and he was for many years a member of the Philadelphia College of Pharmacy. Dr. William H. Draper, of New York, one of the most prominent physicians in this country, died at his residence in that city Friday, April 26, 1901, after a somewhat prolonged period of ill health. Dr. Draper has been prominent as a writer and teacher for thirty years or more, and was justly regarded as a leader in medical thought.—Buffalo Medical Journal.

## Reviews and Book Motices.

A Practical Treatise on Diseases of the Skin. For the use of students and practitioners. By J. Nevins Hyde, A. M., M. D., Professor of Dermatology and Venereal Diseases in Rush Medical College, Chicago. In one octavo volume of 826 pages, with 107 engravings and 27 full-page plates, 9 of which are colored. Cloth, \$4.50 net; leather, \$5.50 net; half morocco, \$6.00 net. Lea Brothers & Co., Philadelphia.

The history of this work is one of growing appreciation and success. Its first edition appeared in 1883, the second in 1888, the third in 1893, the fourth in 1897, the fifth towards the close of 1899,

and the sixth early in 1901. One year has, accordingly, sufficed to exhaust a larger edition than was ever before published, and has again brought to the authors the opportunity of revising their work thoroughly to date, as they had done on every previous occasion.

A Text-Book of Gynecology. Edited by Charles A. L. Reed, President of the American Medical Association, Gynecologist and Clinical Lecturer on Surgical Diseases of Women at the Cincinnati Hospital, etc., etc. Illustrated by R. J. Hopkins. New York: D. Appleton Co., 1901.

The editor of this text-book has held in

view three special objects:

1. One which shall serve as a working manual for practitioners and students, and which shall embrace the best approved development of gynecology, including those of later date than are, or can be, included in a work of similar mag-

nitude by a single author.

2. The co-operation of the various departments of medical science in their synthetic relation to gynecology. For this purpose contributions were invited from several writers who are not gynecologists in the strict sense of the term. Thus the various topics upon pathology were given to pathologists, while those relating to bacteriology, dermatology, neurology, hygiene, etc., were assigned with similar appropriateness. As a consequence, a single chapter, in some instances, is based upon contributions from several writers, while the whole has been rendered consecutive, systematic and homogeneous by the editor. The work is not, therefore, in any sense a mere aggregation of monographs.

3. The specific recognition of the work of investigators and operators in gynecology and correlative departments. For this purpose invitations to contribute to the work were limited to those who had already contributed something to science.

There are thirty-one contributors—the best talent to be found in the United States—with the result that we have one of the very best works upon gynecology extant.

The famous "Papyros Ebers," which was written during the reign of the Egyptian King, Bicheres, 3,500 years ago, was discovered by the celebrated archeologist,

Georg Ebers, in 1872, when an Arab brought him a metallic case containing a papyrus roll enveloped in mummy cloths, which he claimed had been discovered between the bones of a mummy in a tomb of the Theban Necropolis. A complete description of the papyros and its history is included in reproduction, and is certainly extremely interesting to physicians and antiquarians generally. A copy will be forwarded by the Palisade Manufacturing Company, Yonkers, N. Y., to any physician who may have failed to receive one.

The Mushroom Book; A Popular Guide to the Identification and Study of Our Commoner Fungi, with Special Emphasis on the Edible Varieties. By Nina L. Marshall. New York: Doubleday, Page & Co., 1901. \$3.00.

This is one of the charming series of nature studies, including books on butterflies, birds, our commoner songsters, etc. All are beautifully illustrated and may be seen on the "Nature Book Table" of the Bowen-Merrill Co., Indianapolis. This book has over 150 illustrations, many of them being highly colored plates.

This book is an attractive quarto, with a wealth of illustration, which renders it both useful and attractive. An unusual feature is a key to the species, genero, etc., illustrated by cuts, which renders the analysis of any species very simple and easy for so difficult a group as the mushrooms. The poisonous species receive special attention. The book is in price and usefulness a medium between the simple and "British popular books like Cooke's Fungi" and the work of MacIlvaine. No one who orders or uses this book will be disappointed, and we confidently recommend it to our doctor friends who wish to know about mushrooms and answer the questious of their patrons as to this lowly, but ubiquitous and useful group of plants.

The Making of a Great Dictionary. Dr. Murray said that up to the present time they had collected about 5,000,000 quotations, and he had calculated that if the slips upon which they were written were laid side by side they would extend from Brighton to Inverness; that the lines of writing, if placed together in one continuous line, would extend from London

to Pekin, and that the mere reading of the quotations, at the rate of a minute each, and reading eight hours a day and six days a week, would occupy thirty-two years. The whole of the quotations, each upon separate slips of paper had been collected by readers who responded to the call made by the Philological Society. In the course of the work about 100,000 books had been read.—London Times.

Ewing on the Blood and Its Diseases—Clinical Pathology of the Blood; A Treatise on the General Principles and Special Applications of Hematology. By James Ewing, M. D., Professor of Pathology in Cornell University Medical College, New York City. In one handsome octavo volume of 432 pages, with 28 engravings and 14 full-page plates in colors. Cloth, \$3.50 net. Just ready. Lea Brothers & Co., Philadelphia and New York, 1901.

Until now much modern knowledge in this important branch has had to be sought in periodical literature or in special articles. Dr. Ewing has done a great service in gathering all this information to date in a single, well-digested volume.

The author of this work has, with great skill and admirable clearness, pointed out the relations between the changes in the blood and visceral lesions, whether as cause or consequence. As a trustworthy clinical guide the volume will be fully appreciated, especially by those physicians who desire to reap the advantages of laboratory study. Its clear text is rendered still more explicit by the use of a most beautiful and instructive series of original plates in many colors.

The Acute Contagious Diseases of Childhood. By Marcus P. Hatfield, A. M., M. D., Professor Emeritus of Diseases of Children, Northwestern University Medical School; Professor of Diseases of Children, Chicago Clinical School; Attending Physician, Wesley Hospital. Pages, 142. Price, \$1.00 net. G. P. Engelhard & Co., 358-362 Dearborn street, Chicago, 1901.

The author say: This little book lays no claim to original work by its writer. It is, as is very apparent, a "composite" of the various writers on the subjects discussed, especial pains having been taken to embody the views of later French and German pediatricians. If it has succeeded in doing this succinctly, clearly and to the help of those who read it, it has accomplished whereunto it was sent; if it has failed, the compiler has honestly endeavored to make it worth the reading.

American readers will be glad to know that the important Quarterly Review article on "The Character of the Queen" will be reprinted entire in The Living Age for May 25 and June 1. No article regarding the Queen has made such a stir in England as this, and no other is written from so close and intimate a knowledge. The London correspondent of The New York Tribune cables that there is almost as much speculation as to its author as there has been regarding "An Englishwoman's Love Letters." The two numbers of The Living Age containing the article will be mailed, postpaid, for 25 cents.

Dr. Alfred Stengel sends the JOURNAL the following reprints: "Notes on the Treatment of Rheumatism," from December Medical News; also from the same, "Progressive Pernicious Anæmia." He also reports a case of rupture of the aortic arch into the superior vena cava.

In a coronial case we found rupture of an aneurism into the pericardium. Dr. Stengel also gives a "Review of Cardiac Pathology," a learned and useful essay from the November number of the *University Medical Magazine*.

That monthly mirror of the world's news, the Review of Reviews, covers in its May issue a great variety of current political and industrial topics, including the recent municipal elections, the Cuban and Philippine situations, the relations of labor to the new steel trust, the threatened war between Russia and Japan, and England's enormous war taxation.

The Conduct of the Medical Life. An address delivered March 20, 1901, before the Senior Class of the Medical School of Washington University by Professor W. A. Hardway, M. D., LL. D. St. Louis, 1901.

#### Saunders' Medical Hand Atlases.

The series of books included under this title consists of authorized translations into English of the world-famous Lehmann Medicinische Handatlanten, which for scientific accuracy, pictorial beauty, compactness and cheapness surpass any similar volumes ever published. volume contains from 50 to 100 colored plates, executed by the most skilful Gerlithographers, besides numerous illustrations in the text. There is a full and appropriate description, and each book contains a condensed but adequate outline of the subject to which it is devoted.

In planning this series arrangements were made with representative publishers in the chief medical centers of the world for the publication of translations of the atlases into nine different languages, the lithographic plates for all being made in Germany, where work of this kind has been brought to the greatest perfection. The enormous expense of making the plates being shared by the various publishers, the cost to each one was reduced to practically one-tenth. Thus, by reason of their universal translation and reproduction, affording international distribution, the publishers have been enabled to secure for these atlases the best artistic and professional talent, to produce them in the most elegant style, and yet to offer them at a price heretofore unapproached in cheapness. The great success of the undertaking is demonstrated by the fact that the volumes have already appeared in thirteen different languages — German, English, French, Italian, Russian, Spanish, Japanese, Dutch, Danish, Swedish, Roumanian, Bohemian and Hungarian.

Atlas and Epitome of Obstetric Diagnosis and Treatment. By Dr. O. Shaeffer, of Heidelberg. From the Second Revised German Edition. Edited by J. Clifton Edgar, M. D., Professor of Obstetrics and Clinical Midwifery, Cornell University Medical School. With 122 colored figures on 56 plates, 38 other illustrations and 317 pages of text. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$3.00 net.

This book treats particularly of obstetric operations, and besides the wealth of beautiful lithographic illustrations, con-

tains an extensive text of great value. The symptomatology and diagnosis are discussed with all necessary fullness, and the indications for treatment are definite and complete. In this new edition both text and illustrations have been subjected to a thorough revision. Most of the colored plates are new, and illustrate the modern improvements in technique as well as a vast amount of new clinical material.

Atlas and Epitome of Labor and Operative Obstetrics. By Dr. O. Shaeffer, of Heidelberg. From the Fifth Revised German Edition. Edited by J. Clifton Edgar, M. D., Professor of Obstetrics and Clinical Midwifery, Cornell University Medical School. With 14 lithographic plates, in colors, and 139 other illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$2.00 net.

There is no branch of medicine or surgery that is so difficult to demonstrate as that of midwifery; hence any positive aid, such as this atlas furnishes, is to be hailed with satisfaction. The author has added to the multitude of obstetric subjects already shown by illustration many accurate representations of manipulations and conditions never before clearly shown. As a guide in the perusal of text-books and as a volume of ready reference, this book will prove invaluable.

Atlas and Epitome of Ophthalmoscopy and Ophthalmoscopic Diagnosis. By Professor Dr. O. Haab, Director of the Eye Clinic in Zurich. From the Third Revised and Enlarged German Edition. Edited by George E. de Schweinitz, Professor of Ophthalmology, Jefferson Medical College, Philadelphia. With 152 colored lithographic illustrations and 85 pages of text. Philadelphia and London: W. B. Saunders & Co., 1901. Price, \$3.00 net.

The great value of Professor Haab's Atlas of Ophthalmoscopy and Ophthalmoscopic Diagnosis has been fully established and entirely justifies an English translation of his latest edition. Not only is the student made acquainted with carefully prepared ophthalmoscopic drawings done into well-executed lithographs of the most important founders changes, but, in many instances, plates of the microscopic lesions are added. The whole

furnishes a manual of the greatest possible service, not only to the beginner in ophthalmic work, but to one who has already far advanced and desires to compare the observations of his own service with those of the rich clinic from which Professor Haab has gathered his plates.

Atlas and Epitome of the Nervous System and Its Diseases. By Professor Dr. Chr. Jakob, of Erlangen. From the Second Revised German Edition. Edited by Edward D. Fisher, M. D., Professor of Diseases of the Nervous System, University and Bellevue Medical College, New York. With 83 plates and copious text. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$3.50 net.

In this atlas the author has portrayed an instructive section of medicine which is usually extremely difficult of mastery by students and practitioners. This work will be of great value to the physician. The matter is divided into Anatomy, Pathology and Description of Diseases of the Nervous System. The plates illustrate these divisions most completely. There is probably no work in existence in which so much is compressed within so small a space. This book is comprehensive and practical.

Allas and Epitome of Special Pathologic Histology. By Dr. Hermann Durck, Assistant to the Pathologic Institute in Munich. Edited by Dr. Ludwig Hektoen, the Professor of Pathology in Rush Medical College. Consideration of the Circulatory Organs, Respiratory Organs and Gastro-Intestinal Tract. With 62 colored plates. W. B. Saunders, 925 Walnut street, Philadelphia.

Dr. Hektoen says in his preface as editor that it has been a pleasure to aid in placing this work within easy reach of the vast army of medical students in America. Two more volumes will follow, one completing special pathologic histology and one dealing with general pathologic histology. Dr. Hektoen's valuable notes are in brackets.

Eichhorst's Practice of Medicine—A Text-Book of the Practice of Medicine. By Dr. Herman Eichhorst, Professor of Special Pathology and Therapeutics and Director of the Medical Clinic in the University of Zurich. Translated and edited by Augustus A. Eshner, M. D., Professor of Clinical Medicine in the Philadelphia Polyclinic. Two octavo volumes of over 600 pages each; over 150 illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Price per set, Cloth, \$6.00 net.

The Germans lead the world in internal medicine, and among all German clinicians no name is more renowned than that of the author of this work. Dr. Eichhorst stands to-day among the most eminent authorities of the world, and his Text-Book of the Practice of Medicine is probably the most valuable work of its size on The book is a new one, but the subject. on its publication it sprang into immediate popularity and is now one of the leading text-books in Germany. It is practically a condensed edition of the author's great work on Special Pathology and Therapeutics, and it forms not only an ideal text-book for students, but a practical guide of unusual value to the practicing physician. As the essential aim of the physician will always be the cure of disease, the fullest and most careful consideration has been given to treatment.

Saunders' Question Compends—Essentials of the Diseases of Children. By William M. Powell, M. D. Third Edition. Thoroughly revised by Alfred Hand, Jr., M. D., Dispensary Physician and Pathologist to the Children's Hospital, Philadelphia. 12mo., 259 pages. Philadelphia and London: W. B. Saunders & Co. Price, \$1.00 net.

In this revised edition numerous additions and changes have been made in the book, so that it continues to represent the present state of pediatries. The book aims to furnish material with which students may lay the foundation for the successful practice of medicine among children. The section on Infectious Diseases has been rewritten, as well as many of the paragraphs on pathology. A number of new chapters have been added, among others, one on Infant Feeding.

Abdominal Hysterectomy for Multiple Fibroma with a Five-Month Gravid Uterus. George R. Green, M. D., Muncie, Ind. Reprinted from the Journal American Medical Association, March 16, 1901.

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